HEALTH AND SOCIAL SERVICES

1. OVERVIEW

MISSION

To promote, protect and provide for the health and wellbeing of the people of the Northwest Territories.

GOALS

1. To promote healthy choices and responsible self-care.
2. To protect public health and prevent illness and disease.
3. To protect children and vulnerable individuals from abuse, neglect and distress.
4. To provide integrated, responsive and effective health services and social programs for those who need them.

PROPOSED BUDGET ($000)

Total Operating Expenses	$330,013
Compensation & Benefits	$14,097
Grants & Contributions	$236,897
Other O&M	$70,151
Amortization	$8,868

PROPOSED POSITIONS

Headquarters (HQ)	132 positions
Regional/Other Communities	1,264 positions

KEY ACTIVITIES

- Directorate
- Program Delivery Support
- Health Services Programs
- Supplementary Health Programs
- Community Health Programs

STRATEGIC ACTIONS

The Department will take the following actions in support of the government's strategic initiatives:

Building Our Future

- Expand Programming for Children and Youth
    - In House Respite Services for families of special needs children
- Encourage Healthy Choices and Address Addictions
    - Healthy Choices framework
    - HPV Vaccination program
    - Addictions Related to Aftercare
- Implement Phase II of the Framework for Action on Family Violence
    - Enhance Community Services
    - Stabilize Existing Shelters
- Strengthen Continuum of Care for Seniors
    - Supported and Assisted Living in Smaller Communities
    - Expanding Community and Home Care
    - Single Point of Entry for Continuing Care
    - Dementia Centre Operational Costs
- Increase Safety and Security
    - Enhancing Emergency Services

Managing this Land

- Protect Territorial Water
    - Public Education around Public Water Supply

Refocusing Government

- Strengthen Service Delivery
    - Boards and Agencies Reform
    - Electronic Health, Medical Records and Imaging
    - Consolidated Health Clinics in Yellowknife
    - Telespeech Project

2. EMERGING ISSUES

NWT System-Wide Action Plan: Foundation for Change

The cost of providing health and social services has been steadily increasing in the NWT. With limited financial resources available, the GNWT cannot continue to fund the health and social services system if expenditures continue to grow at the current rate.

The Department of Health and Social Services and the Health and Social Services Authorities (HSS) were challenged to develop a broad systematic plan to reform the NWT Health and Social Services system. The overall focus is on maintaining a quality health and social services system by managing the rapid growth in health care costs through prevention, effective use of resources and better linking community needs and system deliverables.

HSS has developed an action plan: *A Foundation for Change*. The plan sets out the reform necessary to maintain sustainable, accessible, quality care for residents of the NWT. The action plan builds on previous studies that focus on maximizing efficiencies to ensure the availability of affordable and accessible healthcare in the future.

As part of the 16th Legislative Assembly's overall goal of 'healthy educated people', an area of priority was to focus on prevention by promoting ***"healthy, educated people with a focus on prevention by promoting healthy choices and lifestyles, and the role of personal and family responsibility."***

Foundation for Change moves this priority forward through prevention and early detection. Similarly the action plan focuses on children and youth to provide them with the best opportunities for healthy living.

Foundation for Change is strategically focused and supports HSS's overarching goals and objectives. It details the supporting activities required to reform the system and enable HSS to achieve its long term goals. Foundation for Change is based on the following priorities:

1. **Wellness** - Improve the Well-being of Individuals, Families and Communities

   Residents are supported in their pursuit of better health though health promotion and disease prevention activities. HSS will focus on children and make investments in prevention and promotion to improve overall population health and reduce the need for costly downstream medical interventions. HSS will enhance partnerships with Aboriginal governments, and non-governmental organizations to help ensure healthy communities and to support healthy choices.

2. **Access** - Dependable, Timely Access to Quality Health and Social Services

   Quality of care and patient safety is the foundation of the Integrated Services Delivery Model. Quality care is about delivering the appropriate level of services and achieving positive outcomes for people accessing the health care system. HSS will enhance primary community care to ensure clients receive appropriate, accessible, effective, quality care in the right setting at the right time by the most appropriate provider in the most economical way. HSS will utilize all of our health care providers to their full scope of practice and maximize the use of our existing infrastructure.

3. **Sustainability** – Effectively Organizing the System to Ensure Long-Term Sustainability

   Improving the efficiency of health system services and operations contributes to long-term sustainability. HSS will review the current way of doing business and adopt new strategies to improve health system productivity and achieve greater value for money.

   Effective organizations continually look for opportunities for excellence and quality improvement in service delivery. Health and Social Services is committed to being an effective organization. We will strive to improve client satisfaction, implement quality improvement, along with performance monitoring and risk management frameworks.

Expected Outcomes

The Foundation for Change, when fully implemented is expected to have the following outcomes:

- Residents in small communities will have improved access to appropriate health and social services
- People will be empowered and encouraged to make positive lifestyle choices and to assume control over their physical, emotional and social wellbeing
- Services will be organized and delivered in a way that maximizes efficiency and productivity and are reflective of regional priorities

Many of the actions outlined in Foundation for Change are underway; laying the ground work for actions identified for future years. Our action plan will continue to evolve as specific needs are identified. Some of the actions currently underway include:

- Completing community needs and resource assessments to define community health status and priorities
- Reviewing infrastructure and developing long-term capital plans to ensure we have the appropriate facilities for the delivery of health and social services now and into the future
- Reviewing facility utilization to ensure all of our facilities are operating at maximum capacity and efficiency
- Enhancing nutrition initiatives to improve health and wellbeing, especially for those living in smaller communities
- Collaborating with Aboriginal organizations to reduce the gap between the health status of Aboriginal and non-Aboriginal populations in the NWT
- Enhancing homecare services to allow elders to stay in their homes and communities longer
- Using technology to provide better access to services
- Determining the financial and human resources required to fully implement the actions outlined in Foundation for Change.

Funding Considerations

The transition to a different model of service delivery that is proposed as part of the Foundation for Change will take a number of years, and potential areas for savings may take some time to be realized. Investments need to be made today in prevention activities and initiatives geared toward enhancing efficiencies in order to mitigate future growth.

As detailed costing of the Foundation for Change initiatives is developed, careful consideration will need to be given to how these initiatives will be funded. It is expected that some funding could be identified through aligning existing appropriations to the new model of service delivery and that some funding may be identified from efficiencies being realized as initiatives are implemented. However, it is likely that

some level of investment will be required as part of future year's business plans and Main Estimates as the Foundation for Change is implemented.

Determinants of Health

While HSS and its partners have lead roles in addressing health and social issues, the wellbeing of individuals, families, and communities also depends on factors beyond the health and social services system. The population health approach recognizes that demographic, economic, social and personal factors are all important determinants to health status and overall wellbeing.

Everyone must play a role in improving our health status. Individual behaviors like smoking, drinking alcohol, taking drugs, eating unhealthy foods and not exercising contribute heavily to health problems and the need for related services.

Overall health status of NWT residents has been improving over the past few decades, however, there is still a significant difference between the NWT and the rest of Canada and between the aboriginal and non-aboriginal population.

Below are some indicators affecting the health of some of our residents:

- In 2006, it was estimated that 11.7% of youth aged 10 to 14 years were current smokers. This means that youth in the NWT are over twice as likely as youth in the rest of Canada to smoke. In addition, 41% of territorial residents aged 15 and older reported that they currently smoked cigarettes. This rate is also over twice the National rate.
- Heavy drinking continues to be a major health concern in the NWT, as the prevalence increased from 33% to 45% among residents aged 15 years and older between 1996 and 2006. The prevalence of heavy drinking is significantly higher than in the rest of Canada.
- Similar to the rest of Canada, an estimated 15% of NWT women aged 20 to 44 reported drinking alcohol during their last pregnancy. This means that a considerable proportion of pregnant women are putting their unborn children at risk of developing Fetal Alcohol Spectrum Disorder (FASD).
- Obesity and a sedentary lifestyle increase the risk of developing many chronic conditions. In 2007/08, around 62% of the population aged 18 and over were considered overweight/obese, while 55% were considered physically inactive. The prevalence of overweight/obese adults in the NWT is higher than in the rest of Canada.
- Aboriginal people continue to have poorer health outcomes than the rest of the NWT population. Social and economic factors such as low income, poor housing conditions, and low education achievements contribute significantly to the relative poor health status of the Aboriginal population.
- According to the 2006 *NWT Addictions Report*, over half of Aboriginal people fifteen (15) years of age and over smoked cigarettes and engaged in hazardous/harmful drinking. Aboriginal residents are almost twice as likely as Non-Aboriginal residents to smoke and over twice as likely to engage in harmful/hazardous drinking. These habits are detrimental to one's health, as early and prolonged usage increases the risk of adverse health conditions such as, diabetes, cancer, heart disease and stroke.

Health Conditions

One way to understand health conditions is to examine the main reasons for residents to be hospitalized, to visit health centres, and to encounter physicians. Many of the reasons for encountering physicians are preventable by making healthy lifestyle choices.

- In 2007/08, the top five reasons for NWT residents to be hospitalized were as follows: childbirth and pregnancy (attributed to the relatively high population of women in child bearing years), injuries and poisonings, diseases of the respiratory system, mental health conditions, and diseases of the digestive system.[1] Together these five conditions accounted for 67% of hospitalizations.
- In 2006/07, the top five reasons for NWT residents to visit health centres were as follows: diseases of the respiratory system, injuries and poisonings, diseases of the musculoskeletal system and connective tissue, diseases of the digestive system and diseases of the circulatory system. Together these five conditions accounted for 57% of health centre visits.
- In 2007/08, the top five reasons for NWT residents to encounter a physician were as follows: diseases of the respiratory system, diseases of the musculoskeletal system and connective tissue, mental health conditions, injuries and poisonings, and diseases of the nervous system and sense organs.[2] Together these five conditions accounted for over 50% of physician encounters.

Another way to understand health conditions is to examine communicable disease rates (e.g. sexually transmitted infections and TB), cancer rates, other chronic disease rates (e.g. diabetes), and mental health issues such as suicide.

- Incidences of sexually transmitted infections (STIs) in the NWT are very high. In 2008, the incidence of Chlamydia was 17.4 per 1000, while that of gonorrhea was 5.1 per 1000. The NWT rates are 8 and 14 times higher than the Canadian rates, respectively.
- In 2008, there were 53 confirmed cases of syphilis (9.2 per 10,000), while so far in 2009 there have been another 35 confirmed cases. The NWT rate is close to 25 times higher than the National rate.
- Between 2004 and 2008, the NWT has had 52 cases of active TB. This translates to a rate of 24 cases/100,000 population. The NWT rate is almost 5 times higher than the Canadian rate.
- Similar to the rest of Canada, the prevalence of diabetes is increasing. Between 2000 and 2006, the prevalence of diabetes increased from 2.4% to 4.0%. The prevalence is roughly the same for males and females. On average, around 200 new cases of diabetes are diagnosed in the NWT each year.
- NWT prostate (62 per 100,000) and colorectal (58 per 100,000) cancers are the most common types of cancer diagnosed in men, while breast cancer (86 per 100,000) is the most common type diagnosed among women. Male colorectal cancer rates are significantly higher in the NWT that in the rest of Canada[3]
- Suicide rates are much higher in the NWT than in the rest of Canada (1.95 vs. 1.17 per 10,000 during 2001-05). In the NWT, suicide rates are highest among 15 to 24 year olds and in the smaller communities.

Demographic Changes

In 2008, 31% of the NWT population was under 20 years of age, compared to 24% in Canada. While the NWT continues to have one of the youngest populations in Canada, this pattern is changing. The age structure of the NWT indicates that recent growth in the senior's population is likely to continue. It is

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[1] Includes hospitalizations (inpatients) occurring in and out of the NWT, by the primary diagnosis (condition).

[2] Includes physician encounters occurring in and outside of the NWT.

[3] National rates are not given because crude rates are presented for the NWT. When comparing Canadian and Territorial rates, the rates should be age-standardized to account for age differences between populations. However, significance tests were conducted with age-standardized rates.

anticipated that the proportion of seniors (aged 60+) will increase from 9% in 2008 to 13% by 2017, making it the fastest growing age group. As a result, the number of residents susceptible to a large number of chronic conditions including heart disease, diabetes and cancer will likely increase, unless changes are made to personal health practices.

Health Expenditure Trends and Cost Drivers

The NWT has the second highest per capita cost in the country. This is primarily driven by the costs of operating four hospitals and 19 health centers for a population of only 43,000, as well as providing equitable access to care through a system-sponsored medical travel program for a population spread out over 33 communities. The current environment of escalating health care costs, diminishing government revenues, an ageing population, and a national shortage of health and social services professionals means that the current system is not sustainable.

Hospitals are the single largest contributor to overall health care costs. Based on the GNWT, *Main Estimates* and out of territory hospital billings, the Department of Health and Social Services in 2007/08 spent approximately $101.4 million on acute care hospital services for NWT residents in and out of the territory. Physician services are the second largest contributor to overall health care costs. Based on the GNWT, *Main Estimates* and out of territory physician billings, the Department of Health and Social Services in 2007/08 spent approximately $38.4 million on physician services for NWT residents in and out of the territory. Medical travel expended $19 million to refer patients requi ng treatment not available in their home community to the nearest medical centre. Particular issues driving health care costs are to varying degrees, preventable or treatable under less invasive and resource intensive manners.

Between 2000 and 2006, the Canadian Institute for Health Information (CIHI)[4] estimated that territorial government health expenditures increased by 53% from $158 million to $242 million. Similarly, CIHI estimated that the national increase was 53% over the same time period.

Between 2000 and 2006, CIHI estimated that the proportion of total territorial government health care expenditures spent on seniors (age 60 and over) increased from 24% to 29%. Seniors are a major cost driver for health care and social programs in the NWT due to two factors:

- They have the highest cost per capita for health care – the CIHI estimate for 2006 was $21,000 for people age 60 and over - approximately 5 times the amount per person for people under age 60;
- Seniors are the fastest growing segment of the NWT population – at 4% per year (1997 to 2008). In comparison, the population 45 to 59 is growing at 3.9% per year, 25 to 44 declining at 0.9% per year, 15 to 24 growing at 1.2% a year, and those under 15, declining at 1.7% per year.

Homelessness

Homelessness is a critical issue in large and small communities across the NWT. The issue is a complex one, as homeless people are diverse and the factors that led them to become homeless are equally diverse and vary over time. No one sector or level of government can unilaterally address the problem of homelessness.

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[4]The Canadian Institute for Health Information (CIHI) is an independent, not-for-profit organization that provides data and analysis on Canada's health system and the health of Canadians.

It is difficult to determine the numbers of homeless persons in the NWT in comparison to the rest of Canada. Due to smaller population size, the NWT is often not included in larger surveys and studies conducted by groups like Statistics Canada.

Local efforts to determine the extent of homelessness in the NWT indicates that there are approximately 500 homeless individuals accessing services in Yellowknife at any given time. In Inuvik, there are approximately 5-12 homeless individuals accessing services at any given time. As our only indicator of homelessness is the number of people accessing services, the true number of homeless individuals is likely significantly higher.

Child and Family Services

Child and Family Services offer a wide range of services and programs for children and families in the territory through its intervention and prevention service streams. Similar to other jurisdictions throughout Canada, the Child and Family Services system has been adapting its service models to address the needs of an aging population while maintaining existing service levels through times of economic uncertainty and restraint.

The Northwest Territories and all jurisdictions in Canada are challenged by the demands placed on social services and the need for responsive, outcome based services. Challenges such as increased rates of child maltreatment, homelessness, and substance abuse are affecting children and families in the north. Individuals and families who are exposed to these challenges often experience multiple stressors, such as lack of social supports, mental health issues, substance abuse, poverty and a history of being maltreated as a child.

Mental Health & Addictions

Issues related to mental health and addictions continue to be an ongoing problem in the NWT. Rates of substance abuse, family violence, suicide and trauma are higher in the NWT than national averages. As a result, we are seeing increased rates of child apprehensions due to addictions, increased abuse of prescription drugs and an increased complexity of cases as addictions and mental health issues increasingly co-occur, leading to more complex health issues.

Mental health and addictions issues are intertwined whereby each one is both the cause and the outcome of the other. Those with a mental disorder often turn to substances for self medication while those with substance abuse issues tend to experience higher rates of certain mental health disorders such as depression and anxiety. Individuals with long term mental health and addictions issues tend to experience other related health issues and are more susceptible to chronic disease requiring significant medical interventions. This highlights a need for integrated and coordinated service tailored specifically to the needs of the individual.

Compounding social issues such as poverty, homelessness and loss of traditional lifestyle and culture make it challenging to provide comprehensive services.

The Mental Health Commission of Canada recommends that action be taken to promote mental health in order to prevent mental health problems and illness in the future. It also recommends that the system of mental health service delivery be culturally appropriate, respond to diverse needs, and ensure equitable access to people of all ages.

3. 2010-11 Planning Information

The detailed description of planned activities for the department includes the following sections:

a) Fiscal Position and Budget
b) Update on Key Activities and Results Reporting
c) Update on Strategic Activities
d) Overview of Infrastructure Investments
e) Legislative Initiatives
f) Human Resource Overview
g) Information System and Management Overview

a) Fiscal Position and Budget

Departmental Summary

	Proposed Main Estimates 2010-11	Revised Main Estimates 2009-10	Main Estimates 2009-10	Main Estimates 2008-09
			($000)	
OPERATIONS EXPENSE				
Activity 1 - Directorate	6,173	6,206	5,997	6,929
Activity 2 - Program Delivery Support	31,222	32,943	32,264	31,886
Activity 3 - Health Services Programs	185,508	183,488	176,717	175,476
Activity 4 - Supplementary Health Progra	23,079	23,045	22,977	20,869
Activity 5 - Community Health Programs	84,031	76,472	75,072	74,662
TOTAL OPERATIONS EXPENSE	330,013	322,154	313,027	309,822

Note: Revised Estimates for 2009-10 includes the 2009-10 allocation of the funding associated with the Physician Contract and Collective Agreement between the Government of the Northwest Territories and the Union of Northern Workers recently concluded, in the amount of $9,127,000.

OPERATION EXPENSE SUMMARY

	Main Estimates 2009-10	Revised Estimates 2009-10	Proposed Adjustments: Forced Growth	Strategic Initiatives	Sunsets and Other Adjustments	Internal Reallocations	Proposed Budget 2010-11
					($000)		
Key Activity 1							
Directorate	1,211	1,247	34	-	-	-	1,281
Policy	2,328	2,408	71	-	(231)	-	2,248
Finance	2,458	2,551	93	-	-	-	2,644
Amortization	-	-					-
Total Activity	**5,997**	**6,206**	**198**	**-**	**(231)**	**-**	**6,173**
Key Activity 2							
Information Systems	7,874	7,958	60	99	(447)	-	7,670
HSS Recruitment and Retention Program	6,394	6,461	39	-	(2,402)	130	4,228
Health Services Administration	1,567	1,636	45	-	-	-	1,681
Primary Care	2,166	2,210	48	-	(15)	(68)	2,175
Public Health	1,825	1,868	43	-	(102)	68	1,877
HSS Authority / Agency Administration	12,438	12,810	832	-	(51)	-	13,591
Amortization	-	-					-
Total Activity	**32,264**	**32,943**	**1,067**	**99**	**(3,017)**	**130**	**31,222**
Key Activity 3							
NWT Hospitals	80,871	82,945	2,804	247	(921)	295	85,370
NWT Health Centres	27,456	28,373	613	-	(183)	(425)	28,378
Out-of-Territories Hospitals	19,323	19,323	-	-	-	-	19,323
Physicians Inside the NWT	35,850	39,630	856	-	(1,468)	-	39,018
Physicians Outside the	4,109	4,109	750	-	-	-	4,859
Medical Equipment under $50,000	1,500	1,500	-	-	(548)	-	952
Amortization	7,608	7,608					7,608
Total Activity	**176,717**	**183,488**	**5,023**	**247**	**(3,120)**	**(130)**	**185,508**
Subtotal	**214,978**	**222,637**	**6,288**	**346**	**(6,368)**	**-**	**222,903**

OPERATION EXPENSE SUMMARY

	Main Estimates 2009-10	Revised Main Estimates 2009-10	Proposed Adjustments: Forced Growth	Proposed Adjustments: Strategic Initiatives	Proposed Adjustments: Sunsets and Other Adjustments	Proposed Adjustments: Internal Reallocations	Proposed Budget 2010-11
Balance Forward	**214,978**	**222,637**	**6,288**	**346**	**(6,368)**	**-**	**222,903**
Key Activity 4							
Supplementary Health Benefits	22,977	23,045	34	-	-	-	23,079
Amortization	-	-					-
Total Activity	**22,977**	**23,045**	**34**	**-**	**-**	**-**	**23,079**
Key Activity 5							
Children and Family Services	18,970	19,145	1,423	-	-	-	20,568
Prevention and Promotion Services	3,609	3,735	62	735	-	-	4,532
Adult Continuing Care Services	20,449	20,634	2,192	-	3,436	-	26,262
Community Social Services	30,784	31,698	610	132	(1,031)	-	31,409
Amortization	1,260	1,260					1,260
Total Activity	**75,072**	**76,472**	**4,287**	**867**	**2,405**	**-**	**84,031**
TOTAL DEPARTMENT	**313,027**	**322,154**	**10,609**	**1,213**	**(3,963)**	**-**	**330,013**

Note: Revised Estimates for 2009-10 includes the 2009-10 allocation of the funding associated the Physician Contract and Collective Agreement between the Government of the Northwest Territories and the Union of Northern Workers recently concluded, in the amount of $9,127,000.

Forced Growth under Proposed Adjustments includes funding associated with the increased cost of delivering services, Physician Contract and also the 2010-11 allocation of the funding associated with the recently concluded Collective Agreement between the Government of the Northwest Territories and the Union of Northern Workers, in the amount of $4,527,000.

REVENUE SUMMARY

	Proposed Main Estimates 2010-11	Main Estimates 2009-10	Revised Estimates 2008-09	Main Estimates 2008-09
			($000)	
TRANSFER PAYMENTS				
Wait Times Reduction Trust	329	-	-	4,489
Patient Wait Times Guarantee Trust	-	1,893	1,793	1,793
Territorial Health Access Fund-Medical	-	3,200	3,200	3,200
Territorial Health Access Fund-Long Term Reform	-	4,300	4,300	4,300
Hospital Care - Indians and Inuit	21,202	20,786	20,378	20,378
Medical Care - Indians and Inuit	5,979	5,862	5,747	5,747
TOTAL	27,510	36,041	35,418	39,907
GENERAL REVENUES				
Professional Licenses Fees	100	100	100	100
Vital Statistics Fees	109	109	109	109
NWTHC Subsidy - Northern Lights Special Care Home	-	118	-	-
TOTAL	209	327	209	209
OTHER RECOVERIES				
Reciprocal Billing - Inpatient Services	1,140	1,140	1,086	1,086
Reciprocal Billing - Medical Services	738	738	738	738
Reciprocal Billing - Specialist Physicians Services for Nunavut	879	879	879	879
Reciprocal Billing - Hospital Services for Nunavut	5,883	5,883	5,883	5,883
Special Allowances	825	825	825	825
TOTAL	9,465	9,465	9,411	9,411
GRANT IN KIND				
Rockhill Apartments (Lease to YWCA)	443	443	443	443
Northern Lights Special Care Home purchase	-	639	-	-
TOTAL	443	1,082	443	443
CAPITAL				
Deferred Capital Contributions	1,515	1,515	1,515	1,515
TOTAL	1,515	1,515	1,515	1,515
REVENUES	**39,142**	**48,430**	**46,996**	**51,485**

b) Update on Key Activities and Results

KEY ACTIVITY 1: DIRECTORATE

Description

Under the authority of the Minister, the **Directorate** provides leadership and direction to the Department, and administrative services for Departmental operations.

The **Policy Division** provides leadership and services in policy, legislation and regulation, intergovernmental affairs, *Access to Information, Protection of Privacy* requests, records management as well as for the licensing of a number of health professions. This Division is also responsible for setting a system-wide framework for planning and accountability. Department priorities must respond to system-wide health and social issues and reflect priorities set by the government.

Financial Services provides budgetary, accounting and management services to the Department. These services include providing advice to senior management and HSS Authorities on financial management, financial control, information systems, contracts, contributions, facility planning, design, construction, renovation and the acquisition and maintenance of equipment.

Major Program and Service Initiatives 2010/11

SUSTAINABILITY OF THE SYSTEM

Sustainability of the system means that we are able to continue to deliver quality services that are focussed on patient safety and positive health outcomes today and into the future. It is important for all of us to have a sustainable, accessible, and community-based health care system that provides quality care and is affordable.

Foundation for Change lays out the steps and actions required to begin the process of reforming the NWT health and social services system, outlining the broad systemic change required to bend the trend and manage the rapid growth in health care costs. These actions are aimed at maximizing efficiencies and ensuring the availability of affordable quality health care for the residents of the NWT, now and in the future.

Implementation of Foundation for Change will help to ensure NWT residents have access to services when they are needed, in the right setting, by the most appropriate service provider in a way that is sustainable, affordable and builds some economies of scale and efficiencies into our fragile system.

EFFECTIVE ORGANIZATION

Effective organizations continually look for opportunities for excellence and quality improvement in service delivery.

Improve Governance and Accountability

Boards and Agencies Reform

The board reform initiative is about improving service delivery for residents of the NWT. The goal is efficient and effective delivery of services with a focus on the client by reducing barriers that limit service integration.

Through Foundation for Change, HSS has identified actions that place a greater emphasis on integrated case management. We will continue to review policy and administrative changes required to further support service integration and identify ways to further expand the use of inter-agency committees at the community level.

Improve Financial Performance

Health and Social Services Authorities are funded under a combination of block funding and program-specific funding that was established a number of years ago and has been adjusted using a variety of factors such as forced growth and targeting of new initiatives. In order to ensure funding to Regional Authorities and Boards is transparent, equitable and appropriate HSS will develop a methodology for a funding and resource allocation.

HSS will also undertake a number of actions to maximize revenues and efficiencies including: improving budget planning, reporting and management, developing a model for health and social services based on historical utilization trends that can assist in projecting future utilization and expenditures, improving data quality, and improving revenue recovery through hospital billings.

Accountability Mechanisms

A component of the work outlined in the Foundation for Change will be to improve the accountability mechanisms associated with the Regional Authorities and Boards. To support improved effectiveness and efficiency in service delivery there needs to be improved accountability processes in place that clearly defines roles and responsibilities and mechanisms to report on the implementation of those roles and responsibilities. Through the development of standardized comprehensive service delivery agreements HSS will clarify programs and services to be delivered; performance expectations including volumes of work, modes of service delivery, client outcomes; costs; and reporting requirements.

This will allow HSS to monitor all aspects of service delivery, to ensure expectations are met and are in line with best practices. .

Program Evaluation and Performance Management

During 2010/11 HSS will develop broad system-wide performance measures and balanced scorecard reporting, we will ensure all programs are evaluated for effectiveness and efficiency and we will continue to evaluate consumer satisfaction.

To ensure accountability to our stakeholders we will develop key indicators and report on the implementation of the Foundation for Change Action Plan.

Improve client experience

As part of the Foundation for Change initiatives, HSS is committed to improving the client experience and will work towards establishing a Client Navigator for Health and Social Services. Independent of HSS, it is proposed that this function will provide:

- Assistance with navigation through the health and social service system, especially in complex cases;
- A central point for all questions related to health or social service delivery in the NWT;
- A professional assessment and problem-solving function for clients and their families; and

Improve quality, efficiency and effectiveness through system-wide accreditation

HSS is progressing towards system-wide accreditation including a comprehensive quality improvement and risk management framework. By the end of 2010, all four Health and Social Services Authorities entering the accreditation process will have completed the initial phase and will be able to proceed with accreditation.

Anticipated outcomes include the ability to measure clinical and operational performance, ongoing quality improvement and patient safety, and compliance with Canadian national standards and required organizational practices.

Improve legislative framework by ensuring up-to-date legislation

- Bill for new *Medical Profession Act* will be introduced in the 2009 Fall Session of the Legislative Assembly
- New *Social Worker Act* that will provide for the licensing of Social Workers – legislative proposal for the Fall 2009
- Modernize the existing *Vital Statistics Act (VSA)*, a legislative proposal for the Fall of 2009
- A new *Health Information Act* that will establish a framework for the protection and sharing of specific health information, a legislative proposal for the Fall of 2009
- Technical Amendments to *Child and Family Services Act* which will eliminate the confusion caused by multiple uses of "plan of care" terminology and clearer standard for subpoena.
- *Ground Ambulance Act* to establish standards for the provision of Ambulances services
- *Public Health Act* Regulations to allow for the coming into force of the new *Public Health Act*
- Review of the *Hospital Insurance and Health and Social Services Administration Act* (HIHSSA)
- Policy design for a *Health Professions Act*

Four Year Business Plan Update

Results to Date

Improve Financial Performance

As a first step in developing a funding model and improving governance and accountability, the Department developed and will enter into agreements with the Authorities effective April 1, 2010. Work

will continue throughout the 2010/11 fiscal year on developing comprehensive service level agreements between the Department and the Authorities.

System-wide Accreditation

The following implementation activities have been undertaken:

- System-wide coordination of Accreditation activities
- Funding provided to the HSSAs for Accreditation Fees
- Accreditation Primer Phase has started for the four non-accredited health and social services authorities.

Education sessions were held in the Dehcho, Tlicho, Yellowknife, and Sahtu Health and Social Services Authorities in late February and early March 2009 by Accreditation Canada facilitators. Approximately thirty people were in attendance.

In 2008, Accreditation Canada changed its accreditation process to what is called *Qmentum*. In order to prepare for *Qmentum*, each Health and Social Services Authority must complete a *Primer*. The *Primer* is a structured process of assessment and evaluation that is the first step on the Qmentum accreditation journey. The timeframe for completion of the *Primer* is approximately twenty four (24) months.

To date the Beaufort Delta Health and Social Services Authority, Stanton Territorial Hospital, Fort Smith, and Hay River Health and Social Services Authorities have all attained their 3-year accreditation status.

Changes to Four Year Plan

The Reform and Innovation unit was added to the Directorate. It was established to provide leadership around the Foundation for Change, as well as to seek opportunities to incorporate innovation and best practices into the NWT Health and Social Services system.

KEY ACTIVITY 2: PROGRAM DELIVERY SUPPORT

Description

Program Delivery Support provides a system-wide focus and assistance in the delivery of health and social service programs.

The **Information Systems Division** is responsible for implementing and maintaining appropriate systems technology throughout the HSS system. The Division is also responsible for providing leadership and direction in information management, information technology and support services for the Department.

The **Health Service Administration Division** is responsible for the administration of the Health Benefits payment programs (including Insured Health Benefits, Supplementary Health Benefits, Catastrophic Health Benefits, Métis, Non-Insured Health Benefits and inter-jurisdictional billings for Hospital and Physician Services). The Division is also responsible for administration of Vital Statistics and health benefits registration.

The **Public Health Division** is responsible for health protection, environmental health and disease registries. The Director holds the statutory appointments of Chief Medical Health Officer and Registrar of Disease Registries.

The **Primary Care Division** is responsible for acute and long term care planning, homecare, seniors and persons with disabilities, rehabilitation, community health nursing, maternal and child health, and oral health.

This activity includes funding to Health and Social Services Authorities/Agency for activities associated with management and administration.

This activity also includes funding for recruitment and retention programs specifically related to health and social services professionals.

Major Program and Service Initiatives 2010/11

ACCESS - DEPENDABLE, TIMELY ACCESS TO QUALITY HEALTH AND SOCIAL SERVICES

Quality of care and patient safety is the foundation of the Integrated Service Delivery Model. Quality care is about delivering the appropriate level of services and achieving positive outcomes for people accessing the health care system. Through Foundation for Change, we will focus on delivering the right services, using the most appropriate service provider. All too often we use high cost service providers such as physicians to deliver primary care that would be more appropriately delivered by Community Health Nurses (CHNs) or Nurse Practitioners (NPs). We will fully implement the ISDM which is based on a Primary Community Care (PCC) approach.

The PCC approach has been used in small communities in the NWT for many years. Under this model, a primary health care philosophy is adapted and expanded to encompass a wider range of health, wellness, and social services. Primary health care is the first point of entry for individuals to the health care system. This is where health services (including mental health services) are mobilized and coordinated to promote wellness, prevent trauma and illness, build capacity, and provide support and care for common health issues.

Studies indicate up to 70 per cent of hospitalizations are chronic disease management related. If the NWT is to achieve the goal of reducing bed use and improving the ability of northerners to remain healthy and

independent, we need a coordinated chronic disease management framework that is used by all health care providers across the north and coordinated territorially.

Poor oral health is having a significant impact on the growth and development of children in the NWT. Poor oral health in childhood is known to be linked to the development of chronic disease and poor nutritional status from lack of dentition leads to learning delays, malnutrition, decreased bone density and many other problems that will affect health status throughout the lifetime.

HSS is committed to ensuring the promotion of good oral hygiene by all health, social service and education staff and developing a plan for direct intervention at the community level.

Establish a Chronic Disease Management Model in the NWT

One of the most successful methods of improving the lives of individuals living with chronic illness, as well as addressing health care costs and reducing hospital admissions related to chronic diseases, is through the effective management of chronic disease conditions. Approximately 42% of all in-patient admissions to hospitals in the NWT are related to chronic illness and account for 49% of all bed-days. The direct and indirect cost of chronic disease is by far the single largest expense in healthcare, and has a negative overall economic impact through lost productivity Effective community and clinic-based management of chronic illness is identified as one of the most effective ways to improve health outcomes, reduce hospitalization rates, and reduce health-care expenditures.

As chronic disease is a pressing health issue and the successful management of chronic disease will reduce hospitalization, drug costs, functional decline and premature death, implementing Chronic Disease Management programs is a priority under the Foundation for Change. Implementation of the program is planned for 2010/11 and will include:

- Adapting a chronic care model for use in the NWT. The model provides a framework for client-centred care and is consistent with the ISDM. The key elements of the model are: self-management, decision support, delivery system design, clinical information systems, organization of health care, and community partnerships.
- Consult, implement, and evaluate self-management strategies that foster the client's sense of responsibility for their own health.
- Provide support for decision-making based on explicit, proven guidelines that can be integrated into the day-to-day practice of primary care providers in an accessible and easy-to-use manner.
- Collaborate on the appropriate use of existing and new information systems that can track individual clients as well as populations of clients to provide current, relevant data for client management.
- Collaborate with community organizations, and local governments, and other departments to develop and enhance partnerships that will contribute to the effective primary and secondary prevention of chronic illnesses.

Cancer Screening

Pilot an organized screening program against colorectal cancer

- Continue pilot to assess long term effect of routine screening
- Increase awareness of risk factors for colorectal cancer and benefits of screening
- Develop a surveillance database

Ensure all eligible women receive screening mammography according to NWT guidelines

- Continue screening mammography for all eligible NWT women
- Educate all NWT women on modifiable risk factors and benefits of screening

Testicular Cancer Screening and Follow-up

- Continue testicular cancer screening for men age 16 to 35 every year for the first three years then every five years throughout the man's life.

Prostate Cancer Screening

- Continue screening when medically indicated

Enhance Dental Health for Children

Our Oral Health initiative will focus on the needs of children and will begin in the prenatal period (integrated with prenatal services) and will also be part of the Early Childhood screening program. HSS is proposing to enhance services that will include dental education, oral examinations and a range of dental services to small communities including referral to dentists or dental surgeons for complex dental treatments.

Enhance Primary Community Care

Under the Primary Community Care approach community health care professionals are able to meet the majority of the clients' health care needs with physicians acting in a consultative role. This frees up physician time and better utilizes their skills, enabling them to focus on clients with complex medical issues and chronic disease.

We expect that the transition to a Primary Community Care model will require focused change management. Activities being considered include:

- Expanding the primary care model into Hay River and Fort Smith
- Adjusting the primary community care model to meet community needs and utilization
- Re-establish nursing staff in communities such as Wrigley and Tsiigehtchic

Expand the Midwifery Program

Midwifery has been a successful program in Fort Smith for several years. Using this program as a model, HSS is proposing to expand midwifery services based on community needs and service delivery demands.

Enhance Communicable Disease Control

To decrease the incidence of preventable sexually transmitted diseases and prevent the incidence of cervical cancer in younger women in the NWT, HSS will implement the Sexually Transmitted Infections Strategy and implement a new vaccine against the Human Papilloma Virus. Improvements will be made to the immunization information system, including reporting requirements as outlined in Regulations under the new *Public Health Act*. This will increase capacity to monitor vaccine coverage and assess population vulnerability to vaccine-preventable infectious disease outbreaks. Activities include:

- Implement the Sexually Transmitted Disease Strategy
- Improve the immunization information system, including reporting requirements
- Implement the new vaccine against Human Papilloma Virus (HPV)
- Enhance anti-microbial awareness by increasing surveillance and provider education
- Enhance Pandemic Preparedness

Improve Aboriginal Health

Aboriginal people continue to have poorer health outcomes than other NWT residents. Our commitment is to work with Aboriginal organizations to improve health and wellness of Aboriginal people in the Northwest Territories. Aboriginal health and wellness activities include:

- Develop culturally appropriate Palliative Care Standards (Dene Nation Project)
- Dehcho Traditional Health & Healing Project
- Establish 2 Child & Family Services Committees with NWT Bands/Community Councils
- Establish 2 community-based, on-the-land treatment programs and launch a media campaign to highlight existing community-based addictions aftercare treatment programs.

Four Year Business Plan Update

Results to Date

Health Information Systems

The following initiatives were undertaken in IT to support service delivery in health care:

- An Electronic Health Records (EHR) system and Electronic Medical Records (EMR) will be rolled out in late 2009/10 to provide timely access to information and improve care. For EHR, this means that an authorized health professional with an internet connection can access a patient's health information anytime or anywhere resulting in better information and faster results for the patient
- Stage 1 of the Diagnostic Imaging/Picture Archiving and Communications Systems (DI/PACS) was implemented in four communities in 2009; Yellowknife, Hay River, Inuvik, and Fort Smith.
- Stage 2 of the DI/PACS project is scheduled for completion in 2010/11 This phase will provide direct linkage to the DI/PACS for the 18 Community Health Centres currently providing DI services. With this filmless x-ray system health professionals in remote communities will be able to capture diagnostic images digitally and have them read by a radiologist remotely. This means that we will no longer have to wait for x-rays to be sent by mail, resulting in faster report turn-around times which in turn means faster diagnosis and decisions relating to treatment. With this new digital system there will no longer be costs associated with developing and storing film, and no lost or misplaced images resulting in unnecessary duplication of exams. This is an example of using the latest technology to provide a better service for the residents of the NWT in a more cost effective manner.
- The Department is expanding its TeleSpeech program. Stage 1 replaced 14 outdated telehealth units in 2009/10. Stage 2 will add 16 new units to schools and health centres scheduled for completion by the end of 2009/10. A feasibility assessment for initiating a final Stage 3 will determine site readiness and network capacity to install 29 new units in 2010/11. These units will ensure that residents, mainly children, will be able to access the speech language services they require in their home communities. This is another positive example of how technology is being used to deliver services in our communities.

Telespeech

Videoconferencing units are now up and running in fourteen (14) sites. These sites are in the following health care facilities: Inuvik, Ulukhatok, Tuktoyaktuk, Norman Wells, Deline, Tulita, Colville Lake, Fort Good Hope, Stanton Territorial Hospital SLP Department, Hay River, Fort Simpson, Fort Smith, Fort Resolution and Lutselke).

Chronic Disease Management

HSS has undertaken preliminary work on adapting a chronic care model for use in the Northwest Territories. The model provides a framework for client-centred care and is being adapted to be consistent with the ISDM. The key elements of the model are: self-management, decision support, delivery system design, clinical information systems, organization of health care, and community partnerships.

Immunization

The new vaccine against Human Papilloma Virus (HPV) was implemented in conjunction with the 2009 school year.

Cancer Screening

GNWT, through the Department of Health and Social Services, maintains a **Cancer Registry** under the ***Disease Registries Act***. It is the legal duty of health professionals in the NWT to report every newly diagnosed case of cancer to the Registry.

The NWT has a well-established partnership with the Alberta Cancer Board (Cross Cancer Institute in Edmonton) to provide access to high quality clinical services for NWT patients affected by cancer.

Stanton Territorial Health Authority (STHA) was mandated to initiate the development of an organized **breast cancer screening program** for all NWT women, in partnership with other Health & Social Services Authorities.

The Inuvik Regional Hospital currently offers screening mammography on a limited basis.
Funding from Health Canada's Patient Wait Times Guarantee Pilot Fund is being used to initiate a screening mammography service in Hay River. This service is now part of the Territorial screening program and shares a common database with Stanton. This mammography unit is mobile and will provide services to Fort Smith as well.

Changes to Four Year Plan

A Territorial Admissions Committee (TAC) has been formed to develop and implement a territory wide process for application and admission to NWT long term care facilities. Establishing a single coordinated placement list will streamline the admissions process for seniors. This new approach will lead to one coordinated, prioritized placement list for the NWT based upon a standardized screening tool and common assessment process, thus ensuring equitable access to care for seniors regardless of where they live.

Measures Reporting

Measure identified in the four year business plan.

Indicator	Report on Measure		
Number of registered births, deaths, marriages and still births	2008/09 vital events registered: Births 470 Deaths 196 Marriages 119 Still births 9	2009 vital events registered (as of July 2009) Births 320 Deaths 64 Marriages 27 Still births 2	
Number of Clinical Speech Language Pathology (SLP) sessions	2008/09 1,164	2009/10 106 (as of July 2009)	
Number of communities receiving regular Telespeech services	Currently eight (8) communities are receiving regular Telespeech services		
Indicator	**Report on Measure**		
Number of Health Line Calls		2006-007	2007-2008	2008-2009
	General	5323	5692	5959
	Poison	N/A	146	158
	STI	N/A	85	93
	Total	5323	5923	6210
Number of Health Line Calls by Region				
	Beaufort Delta	322	396	476
	Sahtu	202	213	267
	Dehcho	145	200	143
	Tli'cho	204	200	183
	Yellowknife	3396	3425	3571
	Hay River	782	882	773
	Fort Smith	209	282	361
	None Specified	63	94	185
	Total	**5,323**	**5,692**	**5,959**
Top five reasons for Health Line Calls	**2008 – 2009** Chest Pain (Adult) Diarrhoea (Pediatric) Vomiting (Pediatric) Abdominal Pain Diarrhoea (Adult)			

KEY ACTIVITY 3: HEALTH SERVICES PROGRAMS

Description

Health services to eligible northern residents in areas such as inpatient and outpatient services, public health and chronic care are provided through the Department and Health and Social Services Authorities/Agency. Pursuant to the *Hospital Insurance and Health and Social Services Administration Act*, Health and Social Services Authorities/Agency are established to operate, manage and control facilities, programs and services.

Hospital Services

- funding to Health and Social Services Authorities/Agency to provide primary, secondary and emergency care in NWT hospitals
- funding for insured hospital services to NWT residents outside the NWT

NWT Health Centres

- funding to Health and Social Services Authorities/Agency to provide residents with primary care or "first contact" care through a system of health centres located throughout the NWT

Physician Services

- funding to Health and Social Services Authorities/Agency to provide insured physician services inside the NWT
- funding for insured physician services to NWT residents outside the NWT
- Funding for medical equipment.

Major Program and Service Initiatives 2010/11

ACCESS - DEPENDABLE, TIMELY ACCESS TO QUALITY HEALTH AND SOCIAL SERVICES

Reforming Medical Facilities

In conjunction with the move to expand and enhance the Primary Community Care Model, HSS will increase efficiency associated with providing in-care and acute care services in NWT hospitals. HSS will maximize efficiencies and ensure all facilities and service providers are being utilized to maximum capacity.

We will review service delivery between Authorities and across Hospital Services to maximize efficiencies and improve planning, oversight and accountability. The goal is to enhance co-ordination, priority setting, monitoring and quality assurance. This will result in administrative and financial benefits as well, such as creating a single-window for purchasing, contract negotiation and recruitment services/support. Consistency and rationalization of acute care, pharmacy and diagnostic (laboratory and radiology) services to patients will improve across the north under the direction of clinical practice experts. Such clinical practice leadership will help manage risk to ensure patient safety and quality of care.

This coordinated territorial hospital structure will also be responsible to provide access to physician services throughout the NWT as well as manage streamlined pharmacy, laboratory, diagnostic imaging, surgical and cancer services, including contracts with out- of- territory care providers or agencies when and where appropriate.

Next steps include:

- Update facility utilization data
- Coordinate services between Authorities to ensure seamless quality care for patients
- Model service delivery to match utilization and demand
- Structure service delivery to reflect a primary care model

Single Medical Structure for the NWT

In order to increase efficiency associated with providing in-care and acute care services in the NWT, HSS and Medical Directors are working on a plan to manage and deliver all Physician services as a Territorial resource. There will be one Territorial Medical Director that will be responsible for coordinating physician services across the NWT.

This proposed restructure will improve HSS's ability to staff physicians as they will be attracted to a broader scope of work with the opportunity to practice in both rural settings and acute care facilities. Given national and international physician shortages driving heavy competition between jurisdictions for physician manpower, it is important for the NWT to be able to offer physicians interesting and varied work.

The proposed model will also help address capacity issues in regions not able to attract physicians on a long term basis or in times of reduced physician availability. An additional benefit will be the administrative and financial efficiencies that will occur with co-ordination in such areas as recruitment and staffing.

Ensure timely access and appropriate services by consolidating primary care clinics

HSS will combine the three (3) downtown Yellowknife Primary Community clinics into one consolidated clinic: Family Medical, Gibson Medical, and Great Slave Community Health clinic. Frame Lake South clinic will continue operations from the current location.

A Consolidated Primary Community Clinic (CPCC) will provide the space necessary for the inclusion of a broad range of complementary health and social services disciplines, enabling patients to receive the required services at one location and from the appropriate service provider(s).

Benefits are as follows:

- Expanded operating hours will increase access to primary care;
- Additional exam rooms will expand current capacity by 42%;
- One location will improve integration of patient care providers such as social workers, mental health / addictions counsellors, nurses, and other services of the primary community care team;
- Expansion of on-site lab and diagnostic imaging testing will result in a faster turnaround time to inform physicians and patients of lab and test results.
- Efficiencies in process will improve patient care.

Four Year Business Plan Update

Results to Date

Nurse Practitioners - The GNWT is committed to increasing the number of NPs in the NWT. The DHSS, Department of Human Resources (DHR), and Aurora College have successfully collaborated to provide support and training to individuals to become NPs. NP curriculum has been part of Aurora College's Nursing Program since 2002. Currently, Aurora College in partnership with Dalhousie University is offering a Masters prepared NP program. Aurora College is also delivering courses to students in the NP - Prior Learning and Recognition (NP-PLAR) program. The NP-PLAR program is being administered by the Registered Nurses Association of the NWT/NU through an agreement with DHR. Funding for the NP-PLAR process is from the Patient Wait Time Guarantee (PWTG) fund and will sunset in March 2010.

Rehab Teams - The Rehabilitation Advisory Committee has developed a work plan to improve the efficient and effective delivery of rehabilitation services across the NWT. We will focus on building community capacity to provide follow up rehabilitation care. The use of tele-videoconferencing and the development of training modules for community personnel are essential to support the Rehabilitation Professional in providing clinical monitoring of recommended program activities. Other highlights of the Rehab work plan include recruitment and retention strategies for rehabilitation professionals, program evaluation, practice standards and service coordination with other departments and organizations.

Telespeech services are currently delivered to eight communities. An additional three communities will see Telespeech implemented by the end of 2009, nine communities will be added by April, 2010 and March 2011 will see another nine communities receiving Telespeech services for a total of 29 outreach communities. An outline for training modules in the area of speech language pathology services will also be developed.

Changes to Four Year Plan

No changes to the four year plan.

Measures Reporting

Measure identified in the four year business plan.

Measure	Report on Measure	
Number of Hospitalizations (07/08) *Hospitalizations in the NWT are number of discharges, outside NWT are number of claims	Total In-NWT Outside NWT	5,498 4,353 1,145
Number of Physician Encounters (07/08) *Physician encounter in the NWT is a patient seeing a particular physician per day per location of encounter (clinic, emergency, hospital ward, etc.) *Physician encounter outside the NWT is a patient seeing a particular physician per day. Location is generally not	Total In-NWT Outside NWT	174,856 150,045 24,811

provided.		
Community Health Centre Visits (06/07) *excluding Public Health Units	83,635	
Percentage of survey respondents who indicated they were satisfied with the services they received from NWT Hospitals (NWT Hospital Satisfaction Survey- 08/09)	86 % or higher of respondents were satisfied with the overall care they received at the Inuvik, Hay River, Stanton and Fort Smith hospitals.	
Percentage of people who indicated they were satisfied with the services they received from NWT (Community Health Services Satisfaction Survey- 08/09)	82% or higher of respondents were satisfied with the overall care they received from Community Health Services at the Beaufort Delta, Dehcho, Fort Smith, Hay River, Sahtu, Tlicho and Yellowknife Authorities.	

KEY ACTIVITY 4: SUPPLEMENTARY HEALTH PROGRAMS

Description

The Department provides Supplementary Health Benefits, in accordance with policy, to residents who meet eligibility criteria. Benefits include prescription drugs, appliances, supplies, prostheses, and certain medical travel expenses and additional benefits. Specific benefit programs are:

- Indigent Health Benefits
- Métis Health Benefits
- Extended Health Benefits
- Medical Travel

Major Program and Service Initiatives 2010/11

SUSTAINABILITY OF THE SYSTEM

Medical Travel Program Evaluation

As part of a pan-territorial initiative, the three territories underwent an evaluation of their system sponsored medical travel programs. The NWT evaluation report concludes that the program is well-managed, has clear policies and procedures, and a highly knowledgeable staff. To address system-wide factors that affect the need for medical travel, the evaluation recommends measures consistent with the Integrated Service Delivery Model.

Some of the report's recommendations include:

- Development of an appeal process.
- Develop a common database platform to enable data sharing between Stanton and Larga House.
- An orientation to the medical travel program for new medical staff.
- An outreach/education program for the public on the program.

HSS will review the recommendations and where appropriate develop implementation plans for program improvement. To ensure maximum efficiency, the Department, in partnership with the Program Review Office (Department of Executive), will also review the medical necessity of referral patterns from health care professionals.

Four Year Business Plan Update

Results to Date

Supplementary Health Benefit Changes (Improving Health Care). In September 2007, Cabinet approved a new Supplementary Health Benefits Policy.

HSS is committed to a fair and equitable system for providing **supplementary health benefits** for those who need them. The Department in consultation with other GNWT Departments and Stakeholder groups is developing a new supplementary health benefits program for non-aboriginal northerners.

Measures Reporting

Measure identified in the four year business plan.

Measure	Report on Measure
Number of medical travel dispatches (total number of medevacs).	Year / Inuvik Base / Yellowknife Base / Total 05/06 — 194 — 738 — 932 06/07 — 330 — 762 — 1,092 07/08 — 336 — 736 — 1,072 08/09 — 252 — 797 — 1,049
Number of patient travel cases from all regions including cost *costs include escorts	Year / # of Patients / Cost / % of Increase 06/07 — 10,993 — $14M 07/08 — 11,470 — $16M — 12.5% 08/09 — 11,158 — $18.5M — 16.7% Year / # of Escorts 06/07 — 3,221 07/08 — 3,571 08/09 — 3,644
Number of individuals accessing Supplementary Health Benefits Programs	**Extended Health Benefits (EHB) Specified Medical Conditions (SMC)** There are currently 2304 EHB Specified Medical Condition clients registered on the program. Of this total, 1023 have access to other group insurance (ADA) and 1281 have full coverage under the program. **Extended Health Benefits Seniors Program** There are currently 1876 EHB Senior clients registered on the program. Of this total, 777 have access to other group insurance (ADA) and 1099 have full coverage under the program. **Métis Health Benefits Program (MHB)** There are currently 2010 clients registered under the MHB program.

KEY ACTIVITY 5: COMMUNITY HEALTH PROGRAMS

Description

Community Health Programs are delivered outside health facilities and include institutional care, assisted living, counselling, and intervention and health promotion.

This activity, under the coordination of the Child and Family Services Division, includes direct program delivery funding for community based health and social services programs and services, as well as program planning and development, including;

- community social service workers in the areas of prevention, assessment, early intervention, counselling and treatment services related to children, youth and families.
- prevention, assessment, intervention, counselling and treatment programs and services to children and families, in compliance with the *Child and Family Services Act and Adoption Act;*
- promotion, prevention, assessment, treatment and rehabilitation services for addictions, mental health, disabilities, chronic illnesses, and seniors;
- long term care facilities, including group homes and residential care, inside and outside the NWT;
- programs to enable individuals with special living requirements to stay in their homes as long as possible and services designed to assist living in the home;
- in accordance with legislation and policy, the Office of the Public Guardian responds to persons requiring assisted decision-making;
- emotional and social problems such as suicide, homelessness, and dealing with residential school issues
- emergency shelters and counselling

Major Program and Service Initiatives 2010/11

WELLNESS - IMPROVING THE WELLBEING OF INDIVIDUALS, FAMILIES AND COMMUNITIES

Ensure Social and Wellness Programs Meet the Needs of the Community

To ensure social and wellness programs meet the needs of individuals, families and communities and reflect community values, HSS will collaborate with Regional Health Authorities, community governments and Aboriginal leadership to conduct **community needs and resource assessments**. By working directly with each community we will be able to shift service delivery to better reflect the needs of the community.

Communities will be asked about a broad range of services with special attention to the need for traditional medicine, services for older youth, and services for well seniors as these have been identified as high-priority concerns.

Improve Service Integration for Clients

To better support and respond to client needs in an efficient manner, we will work to enhance Community Wellness Teams (CWTs). These small multi-disciplinary teams will consist of social worker/child

protection workers, mental health/addictions workers, with nurses and/or physicians as needed. These teams will be responsible for child protection, social services and mental health/addiction service delivery in small and medium-sized communities.

This initiative will improve service delivery by focusing on the client, removing barriers that limit service integration, and allowing for more integrated case management.

Additional activities may include:

- Invest in prevention strategies including coordination with prenatal programs and public education;
- Early intervention with at-risk mothers and families; and
- Increase the knowledge and skills of professionals through training and education to improve diagnosis and treatment of children with FASD.
- Expand the Child Development Team at Stanton to include psychological services for the diagnosis of FASD
- Increase access to Early Childhood Development (ECD) programs by expanding ECD programs to one additional region
- Increase respite services to persons with disabilities and their families in three additional communities.

Enhancing Services for Children

Health and Social Services is committed to improving safety and quality of care for children and youth. We will develop and implement initiatives aimed at improving outcomes for children in long-term government care and ensure that older youth in care are mentored, coached and provided with life skills to prepare them for a successful transition into adulthood. Our children will be better protected through increased prevention and early intervention strategies.

Child and Family Services Committees

A Child and Family Services Committee is a community-based committee that can enter into an Agreement with the Minister of Health and Social Services to assist children and families where protection concerns exist.

In May 2007 the Department of Health and Social Services made a commitment to the Standing Committee on Social Programs to pursue Child and Family Service Committees with all NWT Aboriginal bands and community councils.

The Tlicho Health and Social Services Agency has been in contact with the Department to develop a cultural framework that reflects Tlicho principles and values as they relate to child and family development. The target population is all children in the Tlicho community and their families (not only "children at risk" and their families). The project has a strong emphasis on prevention. The intended outcome is the strengthening of the families in the community and the reduction in the number of children taken into care.

Developing a Model of Kinship Care

Kinship Care is placing apprehended children in the care of relatives instead of placing them in foster care with strangers. This program will be implemented in the fourth quarter of 2009-10 with completion by the third quarter of 2010-11.

Instituting Permanency Planning

Permanency planning ensures that children who will remain permanently in care have stable long-term placements including case management and due-diligence monitoring of the child's needs and the quality of foster care. Implementation of the Permanency Planning model will begin in the third quarter of 2009-10 and will take about one year to complete.

Implementing the Parent's Resource for Information, Development and Education (PRIDE) Model for Foster Care

PRIDE strengthens the quality of foster parenting and adoption services by providing a standardized approach to recruiting/retaining, preparing/training and selecting foster care parents. The intent of the model is to meet the developmental, cultural and permanency needs of children with foster and adoptive families and to ensure family of origin connections are maintained. The implementation of this program will take approximately one year, beginning in the second quarter of 2009-10 and will require training for child protection workers prior to roll-out of the program.

Improving Transition Services for Older Youth

HSS is committed to ensuring that youth (16-18 years old) who are Permanent Wards of the Director of Child and Family Services or under a voluntary Support Services Agreement (SSA) have a seamless approach to transitional adult services. Older youth in the care of the Director will be mentored, coached and provided with life skills to prepare them for a successful transition into adulthood.

Reduce the Impact of Homelessness

Health and Social Services is the lead department for Homelessness and will be revising the GNWT Homeless Framework. As part of the existing GNWT Homeless framework mandate there is an emphasis on providing a continuum of services for Homelessness individuals across the Territory.

BHP Billiton, the City of Yellowknife, and HSS have collaborated and agreed to establish a three-year project for a day shelter for the homeless in Yellowknife. The project is to be operated for a three year period starting in 2009/10, with an evaluation after one year of operation to determine value added to the community and future sustainability.

It is anticipated that the day shelter will offer access to support services such as mental health and addictions and reduce risk by having a safe place for homeless individuals to go during daytime hours.

Raise the Profile of Mental Health and Addictions Services

Initiatives will include establishing treatment protocols, setting expectations for clinical workloads for mental health/addictions workers and measuring client outcomes to ensure all residents in the NWT receive the same quality of mental health and addictions service. Seamless, integrated efforts must reinforce the client's strengths, encourage collaboration and coordination of community-based services and supports, educate the community that the promotion of good mental health and the decrease of substance use is everyone's concern, and destigmatize mental health and substance use/abuse problems.

Services will be reflective of best practices and ensure clients have access to quality services, practices, and programs that are culturally appropriate, relevant, client driven, effective and evidence based.

Planned activities to address mental health and addictions service delivery include:

- A review of the current mental health and addictions service delivery system with recommendations for change

- Create a NWT suicide prevention working group to ensure system-side interventions
- Investment in mental health promotion and prevention for children and youth
- Include mental health and addictions initiatives in the Healthy Choices Framework through such activities as school based mental health initiatives
- Support 2 community based on-the-land addictions programs
- Launch an addictions campaign aimed at raising awareness of existing programs and services

Four Year Business Plan Update

Results to Date

Disease Prevention and Health Promotion

- The **Healthy Foods North** program provided dietary intake information that has not previously been available, such as dietary excesses and inadequacies. This data will help to design other intervention programs that promote traditional food use and address food security.
- Approximately 30 projects across the NWT were funded by the **Health Promotion Fund**. An evaluation report of the Health Promotion Fund 1999 – 2008 will be released September 2009. The recommendations in this report will provide information that will be used for program improvement.
- **Sexually Transmitted Infections (STIs)** – A Sexual Health Coordinator position is in place and assumed the lead in developing a new Youth Sexual Health Website which was launched on August 10th, 2009. In addition, new STI Guidelines were provided to all NWT Health Care Professionals, and the scope of the Tele-Care Health Line contract was expanded to provide confidential STI information and advice to NWT residents.
- **FASD Strategy** - The use of alcohol during pregnancy and its impacts on the developing fetus is an on-going public health concern in the NWT. In 2008-2009, HSS addressed the concern by hiring a Fetal Alcohol Spectrum Disorder (FASD) Coordinator. The Minister of Health and Social Services committed to a comprehensive, community-based and collaborative FASD strategy to centre on prevention, coordination of community-based programs, development of skills and knowledge and the effective management of resources. Community consultations were conducted in each of the eight health regions providing input into the strategy. An intergovernmental committee comprised of the Departments of Health and Social Services, Justice and Education, Culture and Employment provided inter-ministerial support to the development and implementation of a draft FASD Framework and Action Plan. It is expected that the Framework and Action Plan will be released by the end of March 2010.
- **Gambling** – In the NWT, an individual can receive assistance to deal with their gambling addiction through community-based addictions counseling initiatives provided by the health and social service authorities or through residential addiction programs, such as those provided by the Nats'éjée K'eh Treatment Centre and the Life Recovery Program at the Salvation Army (Yellowknife).

Refocusing Community Health Programs

HSS is undertaking a review of the efficiency and effectiveness of Mental Health and Addictions and Community Social Programs service delivery models. The objective of this review is to enhance the current service delivery model to make it more cost effective, as well as streamlining and better

coordinated services to clients. An environmental scan has been completed consisting of the following:

- Consultation and focus group with authority directors regarding what's working or not working and recommendations for system-wide change and improvement.
- Survey with authority staff, i.e. mental health and addiction workers, community wellness workers and clinical supervisors, and other staff, i.e. nursing staff in health centres. The survey focused on the scope of services offered in each region, questions regarding challenges and aspects of the program that are successful. The data is currently being collated and a report is pending. Other community representatives also participated in the survey.

HSS is currently completing a literature review on best practices and researching case management models and standards are under review. Once a case management model is identified, the next step will be to do consultation and implementation.

Children's Agenda

- Fetal Alcohol Spectrum Disorder (FASD) - Funding was allocated to fifteen front-line staff and/or families of persons affected by FASD from the communities of Yellowknife, Fort Smith, Fort Simpson, and Hay River to attend the 3rd Annual International FASD Conference in Victoria, BC. FASD training throughout the NWT was supported by providing access to fifteen videoconferences via the Telehealth system. Active participation in the Canada Northwest FASD Partnership continues to keep HSS working in partnership with the rest of Canada. Initial work was begun on a new pan-territorial prevention campaign as well as one with the NWT Liquor Commission. Preliminary discussions were held to update the website, support a territorial diagnostic team, an FASD Symposium in November 2009 and a workshop to train medical professionals, "Pregnancy Related Issues in the Management of Addictions" in March 2010.
- **Healthy Families Initiatives** – HSS supports early intervention initiatives such as *The Healthy Family Program* designed to improve the lives of children (birth to five years) by optimizing their home environment and focusing on improving family functioning. There are four Healthy Family Programs in the NWT delivered through the Health and Social Service Authorities (HSSA): Yellowknife, Fort Smith, Behchoko, and Hay River. Each program has a coordinator and a complement of home visitors related to the community birth rate. All Healthy Family staff are trained in core program areas of home visitation, family assessment and child development.
- **Children and Youth Mental Health and Addictions** – HSS will create a Mental Health and Addictions (Children & Youth) Worker.

Changes to the Four Year Plan

Small Community Homelessness Fund

The Small Community Homelessness Fund supported a total of nine projects to build or upgrade shelters, or lend support to homeless individuals.

Three shelter projects included:

- The Salt River First Nation's new homeless shelter in Fort Smith
- Fort Resolution Housing Authority's purchase of building materials to upgrade four dwellings in Fort Resolution
- The Pehdzeh Ki First Nation's renovating a church basement for an overnight homeless shelter.

Six homelessness support projects included:

- A lunchtime weekday soup kitchen at the Rae-Edzo Friendship Centre in Behchoko
- The Acho Dene Koe First Nation's "Winter Warm-Up Project" that served weekly hot nutritious meals to the homeless in Fort Liard
- A "Youth Cafe" in the Zhahti Koe Friendship Centre in Fort Providence that provided homeless youth with hot meals several times per month
- Daily provision of healthy meals and snacks to the homeless in Aklavik by the Ehdiitat Gwich'in Council
- Funding to the Pehdzeh Ki First Nation in Wrigley for homelessness food vouchers
- The Tetlit Gwichin Council's weekly soup and bannock day as well as provisions for daily breakfasts and light snacks in Fort McPherson.

Measures Reporting

Programs	Measures	Report on Measures		
Health Awareness Activities and Education – prevention, assessment, early intervention, counseling and treatment services related to children, youth and families.	Number of children in southern placements	49 Children received services at an out of territory residential facility in 2008/09		
	Number of adults in southern placements	51 Adults received services at an out of territory residential facility in 2008/09		
Social Services Delivery – Mental health and addictions services/Training Development, Mental Health and Addictions Initiatives.	Number of mental health and addiction counselors across the NT	There were 57 FTE's providing Mental Health and Addictions Services across the NWT in 2008/09 and there were 15 vacancies as of March 31, 2009.		
	Degree to which Mental Health and Addictions Services meet the needs of clients	Child and Family Services is conducting a review of mental health and addictions services across the NWT. Surveys began in March 2009.		
		Resultant data is currently being tabulated and analyzed.		
Community Services – funding provides community programs and services which includes: - Emergency shelters and counseling; - Services designed to assist living in the home.		**2006/07**	**2007/08**	**2008/09**
	Number of shelter bednights for all four (4) operating family violence shelters	5853	6458	6838
	# of shelter admissions	240	225	281
Residential Care (Adults) – long term care facilities, including group homes and residential care within the NWT.		**2006/07**	**2007/08**	**2008/09**

	Total number of beds in long term care facilities Occupancy Rate	153 95%	153 95%	153 97.2%
Health Promotion – programs that encourage healthy lifestyles and healthy children including: Tobacco Harm Reduction and Cessation, Healthy Pregnancies; Active Living; Injury Prevention; Sexually Transmitted Infections; Addictions and Early Childhood Development.	Number of children signing contracts to become smoke free under the Butthead campaign Number of communities visited for Butthead Number of school visits for Butthead # of swim vests provided to children and youth in # of communities	Target was 300, actual commitments received were 685 20 communities visited 32 school visits Nearly 2000 swim vests were provided to children and youth in 23 NWT communities		
Children's Services – ensures the protection of children and youth from abuse, neglect or harm. Care and guardianship responsibilities are undertaken for all children who are in the care of the Director of Child and Family Services.	Percentage of overall children receiving services that are receiving services in their home or with extended family.	2006-2007	49.9%	
		2007-2008	49.8%	
		2008-2009	49.4%	

c) Update on Strategic Activities

STRATEGIC INITIATIVE: BUILDING OUR FUTURE

Expand Programming for Children and Youth

Description

The Department of Health and Social Services will support the *Expanding Programming for Children and Youth* action by enhancing **In House Respite Services.**

Respite Care refers to a service that provides planned relief for caregivers and families who care for persons with disabilities. The relief is necessary to decrease burnout and stress and allows caregivers to provide the best possible support and thereby, the best quality of life for those with disabilities. This action focuses on improving outcomes and opportunities for children and youth.

Activity to Date

In House Respite Services for Families of Special Needs Children

Continue implementation of expanding respite services to areas outside of Yellowknife to include programs in several communities. Training and support will be provided to caregivers to best meet the developmental needs of children with disabilities.

YHSSA uses their funding for the respite program offered though the Yellowknife Association for Community Living. In 2007/08, twenty-five (25) families received regular ongoing respite.

Implementation of training to caregivers by the headquarters rehabilitation position will commence in 09/10. In addition to training to caregivers, the newly created headquarters rehabilitation position will develop policies for implementation of a case management model for children and youth with disabilities with the goal of seamless service delivery.

Summary of Work Completed (key outputs) include:

- Three communities were identified to start-up respite programs in 2009/10: Deline, Aklavik and Fort Smith.
- Respite information sessions were held in Fort Smith, Whati, Deline and Aklavik.
- Follow-up/consultation in Fort Smith.
- Consultation with the Community Health Representatives.

Planned Activities – 2010/11

- Expand respite services outside of Yellowknife in 2009/10
- Evaluate the model and develop standards for respite services in the NWT
- Expand to four additional communities in 2010-2011. Contract is with an NGO. Community consultations will take place to determine which communities have highest priority for respite care
- Continuation of Respite Program in Hay River

Planned Activities – 2011/12 and Future Years

HSS plans to continue the activity into 2011/12.

STRATEGIC INITIATIVE: BUILDING OUR FUTURE

Encourage Healthy Choices and Address Addictions

Description

To encourage healthy choices and address addictions, the GNWT will carry out health promotion and prevention activities under the Healthy Choices Framework including: coordinated programming, interventions and public messaging on physical activity, healthy eating, mental health and additions, tobacco harm reduction and cessation, injury prevention and high-risk sexual behaviours.

Full implementation over five years provides coordinated programming in interventions and public messaging on physical activity, healthy eating, mental health and addictions, tobacco harm reduction and cessation, injury prevention and high-risk sexual behaviours.

Investments will also be made in aftercare services for individuals being treated for alcohol abuse.

Activity to Date

Healthy Choices Action Plan

During the 2008/09 fiscal year, a partnership between MACA and ECE was planned for an after-school activity initiative in ten communities. The Get Active social marketing campaign has continued to be high profile. MACA has introduced various physical activities programs for youth regionally and territorially. A position for a Territorial Nutritionist at DHSS was created and filled. This position is essential in the promotion of healthy eating which includes the Healthy Foods North pilot project in the Beaufort Delta, health demonstration projects in six Health and Social Services Authorities, and the territorial Drop the Pop Campaign with ECE.

- The Healthy Choices Action Plan had action areas added for FASD prevention and a a crystal meth prevention strategy.
- The Health Promotion fund was evaluated by an independent contractor and, although formal results are pending, preliminary feedback is favorable for this community-based, small project health promotion fund.
- Injury prevention initiatives have focused on fall prevention in elders, various safety initiatives on the land and water, and education about alcohol related trauma.
- Territorial suicide prevention training and the addition of a contracted mental health position targeted for youth has occurred.
- The successful *Don't Be a Butthead* non-smoking campaign has continued with high visibility and youth participation. Discussions have occurred about expanding the Butthead character's mandate into other healthy choice areas.
- Sexual health initiatives include the development of a Sexual Health Strategy and the contracting of a sexual health website entitled *Respect Yourself*.

Human Papillomavirus (HPV) Vaccination Program

A new vaccine program to protect NWT girls against Human Papillomavirus (HPV) infection was implemented in conjunction with the 2009 school year.

A set of information pamphlets, fact sheets and web pages has been prepared for an official launch of the program at the beginning of September 2009.

Information about the proposed new program was communicated to Superintendents of District Education Councils or School Boards in August 2008 and reiterated in April 2009 to facilitate initial preparations for a timely and smooth implementation.

Addictions Related Aftercare

The Indigenous Wellness and Addictions Prevention (IWAP) diploma program was initiated in September 2007. This was a 2 year diploma program with a goal of training community based people to have the knowledge and skills to understand the physical, mental, social, cultural and spiritual elements of addiction and aspects of recovery. The program was contracted to be delivered by the Aurora Campus (Inuvik) of Aurora College.

The program ended in June 2009 with only one graduate. Aurora College is currently in the process of evaluating the program and compiling a final report.

Investments were made to aboriginal leadership in the Beaufort-Delta for addictions aftercare and community based treatment options. Funds flowed to Aboriginal organizations.

Further investments were made to design and implement an addictions marketing campaign focusing on promoting aftercare services to support those residents returning from residential treatment. To date a steering committee of key community and government stakeholders has been struck to select a contractor to design the campaign and then function in an advisory capacity.

Planned Activities – 2010/11

Health Choices Action Plan

Nutrition Projects

- Expand healthy foods north to three additional sites
- Develop cost effective food security projects
- Territorial Nutritionist position

Healthy Pregnancies

- Breast feeding promotion and baby friendly initiative

Tobacco Harm Reduction

- "Don't be a Butthead" Campaign

Injury Prevention

- Safe travel
- Elder fall prevention
- Safe in a Swim Vest expand loaner program to 24 NT sites, ages 0-12
- Expand P.A.R.T.Y. (Preventing Alcohol Related Trauma in Youth)

Provide mental health programs for youth (suicide prevention, addictions, self-awareness, etc.)

- Youth resiliency programming

Focus resources on comprehensive school health

- School based mental health initiatives

HPV

The proposed activity is on-going and will be incorporated into the NWT Immunization Program.

Addictions Related to Aftercare

2011-2012 will see a continuation of initiatives begun in 2010-11. Aboriginal organizations will be supported to implement their community based treatment programs which were designed in the previous year. Programs should be up and running and serving clientele during this fiscal year.

Planned Activities – 2011/12 and Future Years

Healthy Choices Action Plan

Enhanced implementation of the Healthy Choices Action Plan

- Healthy Foods North
- Physical Activity (MACA)
- Mental Health and Addictions (Youth Resiliency Programming)
- Injury Prevention
- Healthy Choices Marketing

HPV

The proposed activity is on-going.

Addictions Related to Aftercare

Results of the program will be reviewed to determine when and how they should be expanded to other regions.

STRATEGIC INITIATIVE: BUILDING OUR FUTURE

Implement Phase II of the Framework for Action Against Family Violence

Description

Actions under Phase II of the Framework for Action Against Family Violence have been developed in a cooperative manner with the Coalition Against Family Violence. Phase II builds on the successes of the first phase and focuses on expanding services to smaller communities to alleviate further impacts from family violence and preventing additional violence by providing treatment to abusers and services to children who witness family violence. Activities planned for the remaining four years include: enhancing community programming, stabilizing the current system, providing a program for men who abuse, measuring performance and public attitudes.

Activity to Date

Enhance Community Services

This action contains 3 components:

- Implementation and development of family violence protocols in NWT communities
- Funding provided to the Yellowknife YWCA – Project Child Recovery program
- Funding and support to community organizations in regions without shelters to provide outreach, advocacy and prevention programming for victims of family violence.

Family Violence Protocols

- Funding was provided to the ongoing implementation and development of family violence protocols in the Sahtu and Yellowknife.
- In the Sahtu regional community consultations were conducted in 2008-2009
- In Yellowknife training in the Response-Based Approach to working with victims of family violence was provided to protocol committee members and their respective front-line staff in 2008-2009. Committee members also explored the importance of positive social responses and discussed ways to improve how we work together to meet the needs of victims.

YWCA Project Child Recovery

- Funding was provided to the Yellowknife YWCA to develop a program that can be used by all regions to reduce the impact of family violence (Project Child Recovery) Funding was provided to community organizations in regions without shelters to provide outreach, advocacy and prevention programming for victims of family violence.

Support to Regions without Shelters

- Four projects were funded in regions without shelters and funding was offered to schools in communities/regions without shelters to purchase family violence/healthy relationships related resources.

Planned Activities – 2010/11

Enhance Community Services

Ongoing support will be provided over the next three years to the four non-shelter region projects.

- Funding will continue to be provided to the ongoing development of family violence protocols in the Sahtu and Yellowknife.
- Funding in support of the Project Child Recovery Program will continue. Once developed, this program will delivered by all regions as part of the Framework for Action Against Family Violence initiatives.
- Funding and support will continue to be provided to community organizations in regions without shelters to provide outreach, and prevention programming for victims of family violence.

Stabilize Existing Shelters

- Funds continue to be provided to the NWT Family Violence Shelters for staffing and operations and management costs throughout the course of the Action Plan.
- The Shelter Training Curriculum will be disseminated.

Planned Activities – 2011/12 and Future Years

Enhance Community Services

Activities are expected to continue into 2011/12 and future years.

Stabilize Existing Shelters

Activities are expected to continue into 2011/12 and future years.

STRATEGIC INITIATIVE: BUILDING OUR FUTURE

Strengthen Continuum of Care for Seniors

Description

The demand for home and community care is growing and there is a need to ensure that the NWT has a sufficient number of workers to meet this demand. To address an identified training gap, we are providing support to Aurora College to offer an eight month Personal Support Worker Program. Successful participants of this program will be eligible for employment in the following positions available within the Health and Social Services system; Home Support Worker, Personal Support Worker, and Resident Care Aides.

O&M was approved to support the operations of two newly constructed facilities designed for Seniors and Persons with Disabilities. This funding is needed for operational and human resource costs associated with staffing and operating the facilities. The Territorial Dementia Facility (TDF) located in Yellowknife is under construction and scheduled for completion December 2009. This facility provides care for clients with moderate to severe, Alzheimer's disease and other age-related dementias. The Northern Lights Special Care Home (NLSCH) in Fort Smith is undergoing an expansion to allow for the inclusion of seven (7) beds for clients with dementia. The Territorial Supported Living Campus (TSLC) located in Hay River for adults with moderate to severe cognitive and behavioral challenges. This purpose-built campus will address the need for appropriate social contact, life skills programming, behavioral support and personal care needs.

Steps will also be taken to ease accessibility and provide appropriate care options to clients through implementing single point of entry throughout the system of continuing care. A Territorial Admissions Committee (TAC) has been formed to develop and implement a territory wide process for application and admission to NWT long term care facilities. Establishing a single coordinated placement list will streamline the admissions process for seniors. This new approach will lead to one coordinated, prioritized placement list for the NWT based upon a standardized screening tool and common assessment process, thus ensuring equitable access to care for senior regardless of where they live.

Activity to date

Supported and Assisted Living in Smaller Communities

- Identification of an assessment and admission process for the Hay River Supported Living Campus: A Terms of Reference (TOR) has been developed to stream the referral and placement process into the TSLC by establishing an admissions and review criterion of clients to be placed or who are currently residing within the group homes, day program (community access program) and the respite program.
- At least five (5) clients have been identified who would potentially be willing to reside in Hay River, NT and one has now relocated to the TSLC.
- HSS worked in conjunction with the CEO and Manager – Human Resources of the HRHSSA to develop job descriptions required for the group homes, respite program and day program centre.
- To date, Personal Support Outcome Workers (PSOW), have been trained and hired.

Single Point of Entry for Continuing Care

Over the last number of years, HSS has been assessing Continuing Care Resident Assessment computerized software programs. These programs can provide a standardized and automated common assessment instrument for assessment, care planning and case management of clients within home care and long term care. Such a program can aid in assessment and care planning, improve patient safety and quality of care, reduce costs, shorten cycle time and expand service offerings. RAI is an internationally researched and recognized evidence-based system and is widely used throughout Canada. The Canadian Institute for Health Information (CIHI) uses the data from the RAI tools to report Long Term Care and Home Care usage and trends across the country.

A Territorial Admissions Committee (TAC) has been formed to develop and implement a territory wide process for application and admission to NWT long term care facilities. Establishing a single coordinated placement list will streamline the admissions process for seniors. This new approach will lead to one coordinated, prioritized placement list for the NWT based upon a standardized screening tool and common assessment process, thus ensuring equitable access to care for senior regardless of where they live.

2008/2009 project activities:

- Research/review of provincial/territorial RAI projects
- Planning meetings with DHSS's internal team (Primary Community Services and Information Technology staff), territorial continuing care coordinators, and the Canadian Institute for Health Information
- Project justification
- Prepared and issued a Request for Proposal (RFP) to complete a preliminary analysis, business case summary and deployment strategy

2009/2010 project activities:

- Draft preliminary analysis and business case summary presented to DHSS team by Healthtech Consultants
- Final preliminary analysis, business case summary and deployment strategy
- Secure funding for RAI

Enhancing Home Care Services

Aurora College will be offering a Personal Support Worker Program beginning in September 2009. The program will train candidates for the position of HSW/PSW and Resident Care Aides. Increasing the number of trained HSW's will allow Health and Social Services to utilize these positions to their full capacity, improving continuity of care.

Planned Activities – 2010/11

Supported Living Campus

- Ongoing admissions and care provision within the group homes - With the anticipated completion date in 2010 for the day program centre, planning for further admissions is in process with the admissions committee completing review of applicants as needed. With the completion of the

day program centre, the third (3rd) supported living home will be available to house up to 4 (four) more clients.

- Program development for the day program centre
- Hire and train staff - An additional eight (8) POSW and two (2) Life Skills Coaches are required for the anticipated completion of the day program centre for February 2010.

Single Point of Entry

- Privacy Impact Assessment
- Develop business case and secure resources to purchase the software

Long Term Care Facilities

- Hiring and Training of staff to occur in the fall of 2009 for the Territorial Dementia Facility
- Admission to the TDF will be phased in beginning in 2010
- Upon completion of the Northern Lights Special Care Home (NLSCH) addition and renovations in Fort Smith, clients with dementia will be moved from the current beds to the dementia pod. Long term care clients currently in long term care beds in the health centre will be moved to the NLSCH.

Planned Activities – 2011/12 and Future Years

Supported Living

Activities will carry through into 2011/12 and future years.

Single Point of Entry
Activities will carry through into 2011/12 and future years.
Enhance Home Care
Activities will carry through into 2011/12 and future years.
Territorial Dementia Facility

- Admissions will be ongoing.
- YACCS will develop a program for the day-program area, this program will support 5-8 residents, Monday-Friday with Dementia.
- YACCS will develop program policies and procedures
- YACCS will hire and staff training for the day program.

STRATEGIC INITIATIVE: BUILDING OUR FUTURE

Increase Safety and Security

Description

Enhancing Emergency Services

Community governments are experiencing pressures in delivering ground ambulance and/or highway rescue services. The Government allocates funding on an interim basis to enable community governments to continue to deliver these services, pending the development of options related to a legislative and/or funding framework. In the longer-term, the Government may also invest in moving towards a long-term approach to deal with the issues arising from the lack of a comprehensive, coordinated system of ground ambulance and highway rescue services in the NWT.

Activity to Date

A Ground Ambulance and Highway Rescue Committee, co-chaired by MACA and HSS, has been established with representatives from communities with all-year road access and officials from the Departments of Transportation and Finance. The Committee collaborates to guide and develop the NWT Ground Ambulance and Highway Rescue framework. The Committee is meeting regularly to discuss the elements essential to the completion of a funding model for communities interested in ground ambulance and highway rescue, as well as a legislative proposal for a *Ground Ambulance Act*.

HSS has received funding for staff, operations, and management related to ground ambulance and highway rescue development and funding will continue at the same rate for 2010/11.

Planned Activities – 2010/11

MACA and HSS have developed a joint work plan which focuses on the continued development of ground ambulance and highway rescue. The work plan will be updated and/or modified as each Department progresses with their legislative and funding frameworks.

Planned Activities – 2011/12 and Future Years

Once a legislative proposal is approved, HSS will begin drafting a Ground Ambulance bill. Target date for completion will be during the 2011/12 year.

STRATEGIC INITIATIVE: MANAGING THIS LAND

Protect Territorial Drinking Water

Description

Public Education around Public Water Supply

This initiative will be undertaken increase public education and include a continual release of an annual water quality report, development of a website and materials to assist with public education on water issues.

Activity to Date

Create a "Water Window" for GNWT Website

In 2009-2010 funding was received to create a "Water Window" for the GNWT website where any member of the public can go to find out all that they want to know about GNWT drinking water initiatives. It is anticipated that maintenance of this site will be done using existing resources.

Planned Activities – 2010/11

A comprehensive, living communications strategy will be developed internally by the communications committee to guide the implementation of the Public Education initiatives identified in the 2008 Action Plan. In 2010-2011, specific activities identified for public education include:

1. Publish, and Print Annual Drinking Water Report
   A water report that summarizes the work that has been completed in the area of drinking water is released regularly. Internal resources are used to prepare and develop the report, however; external expertise will be sought for the publication, and printing of the annual drinking water report and the funding identified will be used to contract the expertise.

2. Household Water Tank Cleaning Video – Copies for Distribution
   In 2008-2009 a Household Water Tank Cleaning Video and Public Service Announcement (PSA) were produced and will be released in 2009-2010. In 2009-2010 funding was received to launch the PSA and get media exposure for these products. Cleaning household water tanks is an annual requirement for the majority of the communities in the NWT and it is anticipated that reproduction money will be needed to make additional copies for distribution in 2009-2010.

3. Public Education Materials Design and Publishing (including Maps)
   There is a continuous need to educate the public on water related items such as source water protection, why water treatment, how we can all play a role, etc. Ways to assist with this is the development and production of pamphlets, posters, newspaper ads, advertisements, maps, videos. The funding identified would be used to engage an external contractor to assist in the design and publication of these public education tools.

STRATEGIC INITIATIVE: REFOCUSING GOVERNMENT

Strengthen Service Delivery

Description

Boards and Agencies Reform

The board reform initiative is about improving service delivery for residents of the NWT. The goal is efficient and effective delivery of services with a focus on the client by reducing barriers that limit service integration.

Electronic Health, Medical Records and Imaging: EHR, EMR, and DI-PACs Support Resources

In order to successfully support the new health information systems currently being implemented across the NWT, the Department of Health and Social Services required an additional 7.6 Full Time Equivalent positions.

The Department and eight Health and Social Services Authorities operate independent stove piped systems and in many instances disparate paper records. Implementation of the three capital projects are solutions that will have a significant impact on digitizing, integrating and extending investments in clinical information systems across the continuum of care and supporting the sharing of information across care delivery environments and practice settings which are geographically dispersed.

These three systems are new; they are not replacing outdated existing technology. These are new tools to support patient care, access and safety and a more sustainable healthcare system.

Consolidated Primary Care Clinic – Yellowknife

A Consolidated Primary Care Clinic, located in the downtown core, will accommodate doctors, nurse practitioners, midwives, and diagnostic imaging staff. Longer and staggered hours of operation will reduce the patient load on the Stanton Hospital Emergency Department.

Telespeech - The installation of televideo-consultation units will enable Health Authorities to maintain a full Speech Language Pathology (SLP) staffing complement by virtually recruiting SLP's through contract arrangements with southern providers to fill vacancies. Through the auspices of televideo-consultation, there will be access to specialised services at the community level such as The Institute for Stuttering Treatment and Research located in Edmonton; Autism team at the Glenrose and Cleft, Lip and Palate team at the University of Alberta Hospital.

Activity to Date

Board and Agencies Reform – A number of change initiatives are currently underway that will directly impact the overall Board Reform activity. These include efforts to reform program delivery in Hay River and Fort Smith to reflect utilization and need (including related infrastructure investments). An accountability working group identified the need to standardize contribution agreements including statements of expectation, monitoring effort, and reporting responsibilities. The new agreements are in the process of being finalized.

EHR - Release 1 development complete and ready for first access provision in 2009. Release 2 will follow in Winter 2009.

EMR - An NWT-wide EMR was selected. During testing the EMR product was discovered to not meet requirements. A revised plan is underway and EMR activities are expected to resume in 2009/10.
DI/PACS – Implemented in Yellowknife (Stanton), Inuvik, Hay River and Fort Smith in 2008/09 and 2009/10. Computed Radiography (CR) reader equipment for Community Health Centres has been selected and roll out is targeted for 2011.

Consolidated Primary Care Clinic – The anticipated occupancy date is April 2010.

Telespeech - Videoconferencing units are now Operational in fourteen (14) sites. These sites are in the following health care facilities: Inuvik, Ulukhatok, Tuktoyaktuk, Norman Wells, Deline, Tulita, Colville Lake, Fort Good Hope, Stanton Territorial Hospital SLP Department, Hay River, Fort Simpson, Fort Smith, Fort Resolution and Lutselke).

Planned Activities – 2010/11

Board and Agency Reform - Through the Foundation for Change Action Plan, HSS has identified actions that place a greater emphasis on integrated case management. A common case management model is needed for social services, mental health and addictions that will ensure seamless patient care.

EMR – Implementation in additional sites.
DI/PACS – Complete implemented in the 18 Community Health Centres that provide Diagnostic Imaging services.

Consolidated Primary Care Clinic - Expansion of on-site lab and diagnostic imaging to facilitate a quicker turnaround time to inform physicians and patients of lab and test results. It will address the increasing demand for diagnostic services as well as reduce wait times for services at Stanton hospital. The wait list for obstetrical ultrasounds will be decreased. These efficiencies in process will improve patient care.

Telespeech - The deployment of additional televideo-consultation units (5 Health Centers, 20 Schools) will take place in 2010/11.

Planned Activities – 2011/12 and Future Years

Board and Agency Reform – We will continue to review policy and administrative changes required to further support service integration and identify ways to further expand the use of inter-agency committees at the community level.
EHR – Operational support.
EMR – Implementation in additional sites.
DI/PACS – Operational support.

Consolidated Primary Clinic – Evaluaiton of program services delivery

Telespeech – It is anticipated that in 2011, telespeech services will be expanded to additional communities.

d) Overview of Infrastructure Investments

It is important that appropriate infrastructure be in place to support program and service delivery models specific to the unique needs of our residents and future health service delivery innovations.

In the 2009/10 fiscal year the Department, in collaboration with the Department of Public Works and Services (DPWS), is undertaking a comprehensive review of existing infrastructure and projected needs, to develop an updated long term infrastructure plan.

The introduction of the GNWT's deferred maintenance program in 2007 -2008 and changes to the corporate capital planning process in 2008-09 require a revision to the Department's approach to capital planning and infrastructure investment. The data collected through the deferred maintenance program for the H&SS infrastructure indicates a strong need to develop an investment strategy that focuses on the upgrading and or replacement of existing infrastructure in the communities, and regional centres. Considering the age of the existing infrastructure an investment analysis will also be critical to ensure that long term program delivery objectives for refocusing health care and social services programs are met through appropriate infrastructure.

To assist with this initiative a comprehensive review is being undertaken, by the Department in collaboration with DPWS, to ensure ageing infrastructure is properly identified and supported by planning studies and investment analysis for consideration in future capital planning initiatives. This will also ensure that Department's 20 year capital needs align with the priorities of the GNWT's corporate capital planning process and address the growing deficit in deferred maintenance throughout the asset base.

Activity to Date

Health Station – Hay River Reserve

This is a replacement of the existing health station. Work is scheduled to be complete in December 2009. It includes three offices for mental health services, a consult room and examination room.

Workspace Improvement – Regional Health and Social Services Authorities

HSS has created over 100 new positions since 1999 to meet the increasing need for front-line child protection, mental health and homecare workers. The Department lacks space to accommodate these additional workers and now all Authorities are operating far beyond their physical capacity.

Planning Studies

The Department will undertake and complete Planning Studies for the following proposed projects, to bring forward for consideration for inclusion in the *2011-12 GNWT Infrastructure Plan.*

- Hay River Hospital/Health Centre replacement
- Long Term Care Facilities, J. Erasmus Senior Centre (Behchoko)
- Health Stations, Health Centres, Regional Health Centres.
- Territorial Treatment Centre (Yellowknife)

Health Centre - Fort Smith

The Fort Smith Health Centre, constructed in 1978/79, needs major upgrades/renovations to meet current National Building Code requirements, optimize operational efficiency and facilitate the consolidation of social services with medical services. A Master Development Plan has recently been completed. A key

component of this plan is the relocation of a number of elderly and long-term care clients with special needs to a new addition being planned for the Northern Lights Special Care Home in Fort Smith. This vacated space along with other areas will be renovated. The design will be complete and go to public tender within the 2009-10 fiscal year.

Northern Lights Special Care Home – Fort Smith

An existing renovation project for the Northern Lights Special Care Home (NLSCH) was approved. The facility will be renovated to accommodate clients with dementia; as part of an NWT wide plan to provide dementia services. The Fort Smith Master Development Plan proposed that a fourth "pod" be constructed to accommodate the patients that will be relocated from the Fort Smith Health Centre. This project is anticipated to be complete April 2010.

Adult Supportive Living – Hay River

This will be the first Territorial facility with supportive living arrangements for adults with moderate to severe physical and mental disabilities. The project is comprised of three four-bedroom houses and a program centre. The houses allow clients to live and socialize in a home-like setting while receiving life-skills training. There will also be two respite rooms so program staff can provide a break for families who are caring for other family members with disabilities. The program centre forms an integral part of the project by providing day programs and other services. Health and Social Services took occupancy of the houses in April 2009. The program center will be completed in December 2009 and occupancy is anticipated in January 2010.

Woodland Manor – Hay River

Small Capital upgrades to the flooring are scheduled for 2009-10. The future expansion of this facility to meet the long term care and dementia patient load for the Hay River catchment area will be considered in conjunction with the planning study for the Hay River Health Centre and Medical clinic.

H.H. Williams Hospital and Hay River Medical Clinic Master Plan – Hay River

The H.H. Williams Hospital was constructed in 1965. It needs major upgrades/renovations to meet utilization and service delivery requirements of a Primary Community Care Model. Upgrades are also required to meet current National Building Codes, optimize operational efficiency and facilitate the consolidation of social services with medical services. A Master Development Plan, which describes a plan for dealing with the technical and functional issues within the existing building, will be completed within 2009-10. A key component of this plan is the relocation of eight long-term care clients to another facility. The beds intended for Hay River will become support beds for short-term recovery. In order to address the relocation of long term care clients this project must be planned in conjunction with the expansion of Woodland Manor.

Consolidated Primary Care Clinic – Yellowknife

A Consolidated Primary Care Clinic, located in the downtown core, will accommodate doctors, nurse practitioners, midwives, and diagnostic imaging staff. Longer and staggered hours of operation will reduce the patient load on the Stanton Hospital Emergency Department. Completion of the design, tender and completion of the work will take place within the 2009-10 fiscal year. The anticipated occupancy date is April 2010.

Stanton Territorial Hospital - Technical Upgrades

Work completed to date include upgrades to the isolation room ventilation, replacement of major components of the air conditioning system, the nurse call, fire alarm, electronic communication (LAN) systems, the heating and ventilation systems, and the recaulking of the exterior building.

Territorial Dementia Facility – Yellowknife

A new 28-bed facility for the care of those with dementia is being constructed as part of the Avens complex managed by Yellowknife Association of Concerned Citizens for Seniors (YACCS). The new facility will include 4 respite beds and accommodate a day program to provide social interaction and allow for participation in meaningful activities. The new facility is scheduled to open in December 2009.

Planned Activities – 2010/11

Planning Studies

The Department will undertake and complete Planning Studies for the following proposed projects, to bring forward for consideration for inclusion in the GNWT Infrastructure Plan.

- Nats'ejee K'eh Treatment Centre, Hay River Reserve
- Additional planning studies will be proposed as part of the department's initiative to refocus its capital planning ongoing.

Public Health Unit – GNWT Multi-Use Office Building – Inuvik

The preliminary schedule is to move the public health services into this building in late fall 2010.

Health Centre - Fort Smith

The first phase of renovations is scheduled to begin in March 2010. There are four phases to this project with a schedule of 2 years to complete all phases.

Northern Lights Special Care Home – Fort Smith

Construction of the 7-bed addition and renovations to the existing facility are scheduled to be completed in April 2010.

Health Centre – Hay River (previously referred to H.H. Williams Hospital and Hay River Medical Clinic-Master Plan

Pending capital funding approval, completion of design drawings is planned to be completed in 2010-11.

Planned Activities – 2011/12

Stanton Territorial Hospital - Technical Upgrades

Work proposed for 2011/12 includes work on the generator and a major refurbishment of the architectural finishes.

Health Centre - Fort Smith

Construction will continue and is scheduled to be completed by the end of 2012/13 (phased approach). The first phase of renovations is scheduled to begin in March 2010. There are four phases to this project with a schedule of 2 years to complete all phases.

Health Centre – Hay River

Pending capital funding approval, tender of the project and construction of the building is planned to start in 2011-12 with completion anticipated in 2013-14. This project will also include the replacement of the

medical clinic and must be completed in conjunction with the development of additional long term care and dementia facilities at Woodland manor.

The refocusing of the department's capital planning exercise and the completion of planning studies currently underway in 2009/10 for Long Term Care facilities and Health Centres will provide the information necessary to further define the capital needs on a community by community basis.

e) Legislative Initiatives

Activity to Date

Public Health Act regulations

A new *Public Health Act* was passed in August 2007. Significant regulatory work is underway to allow the coming into force of the *Act*. Those key regulations currently being finalized are:

- Food Establishments Regulations
- Disease Surveillance Regulations
- Water Supply Regulations
- Summary Conviction Procedures Regulations
- Reportable Disease Control Regulations.

Medical Professional Act

The Bill has been drafted and should be introduced in the fall of 2009.

Social Worker Profession Act

A Legislative proposal is drafted and is being reviewed by stakeholders.

Vital Statistics Act

Legislative proposal is being finalized.

Health Information Act

A Legislative proposal and drafting instructions are currently being drafted.

Child and Family Services Act (amendments)

Legislative Proposal proposing technical amendments was submitted to Standing Committee.

Professional Corporation Act (Justice)

This Act is a Department of Justice legislative initiative, the Department of Health and Social Services (DHSS), specifically the Registrar of Professional Licensing, will be deemed the "governing body" for all professions regulated by DHSS and designated under this Act. In order for this new Act to be implemented, the Registrar's office is required to establish "rules" respecting the application for and issuance of Professional Corporation permits. These rules, which are currently being drafted, will be similar to by-laws of self-regulating professions or regulations of existing health profession legislation.

Health Profession Act

This Act is an initiative that is being developed but still at an early stage. A Legislative proposal will be submitted to Cabinet in 2010.

Ambulance Act.

A Legislative Proposal will be drafted by the end of 2009.

Veterinary Profession Act and *Dental Auxiliaries Act*

Legislation will require minor amendments in order to meet basic requirements under labour mobility agreements. A legislative proposal is currently being drafted.

Planned Activities – 2010/11

Public Health Act regulations

Significant work to be initiated on additional regulations includes Immunization regulations, and updating existing regulations on General Sanitation; Public Pools, personal service establishments, and Public Sewage Systems.

Medical Professional Act

Review regulations to ensure they are consistent with new Act. Significant work will be needed around development of a "review officer" role.

Social Worker Profession Act

Base on the approval of the legislative proposal; move forward on the drafting of a Bill.

Vital Statistics Act
Move forward on Drafting of Bill (if legislative proposal is approved by Cabinet)

Health Information Act

Finalize a legislative proposal and drafting instructions, based on the approval of the legislative proposal; move forward on the drafting of a Bill.

Child and Family Services Act (additional amendments)

Based on the approval of the legislative proposal; move forward on the drafting of a Bill.

Heath Profession Act

Research and drafting of a discussion paper and legislative proposal

Ambulance Act

Complete a legislative proposal.

Veterinary Profession Act and *Dental Auxiliaries Act (amendments)*

Based on the approval of the legislative proposal; move forward on the drafting of a Bill.

Hospital Insurance and Health and Social Services Administration Act

Preliminary analysis to modernize the *Act* is underway.

Planned Activities – 2011/12

Overall the activities planned in future years of the 16th Assembly include the completion of the legislative projects that have been initiated in 2009.

There is a continued need to update and improve the HSS legislative framework, for example modernization of the Mental Health, HIHSSA, existing health profession legislation such as the Licensed Practical Nurses; Psychologist, in order to meet basic requirements of Labour Mobility Agreements and to respond to legislative priorities of the Legislative Assembly.

f) Human Resource Overview

Overall Human Resource Statistics

All Employees

	2009	%	2008	%	2007	%	2006	%
Total	127	100	132	100	130	100	136	100
Indigenous Employees	43	33.9	45	34.1	41	31.5	39	28.7
Aboriginal	24	18.9	23	17.4	25	19.2	25	18.4
Non-Aboriginal	19	15	22	16.7	16	12.3	14	10.3
Non-Indigenous Employees	84	66.1	87	65.9	89	68.5	97	71.3

Note: Information as of March 31 each year.

Senior Management Employees

	2009	%	2008	%	2007	%	2006	%
Total	10	100	12	100	15	100	11	100
Indigenous Employees	2	20	3	25	4	26.7	3	27.3
Aboriginal	1	10	1	8.3	2	13.3	1	9.1
Non-Aboriginal	1	10	2	16.7	2	13.3	2	18.2
Non-Indigenous Employees	8	80	9	75	11	73.3	8	72.7
Male	5	50	5	41.7	6	40	5	45.5
Female	5	50	7	58.3	9	60	6	54.5

Note: Information as of March 31 each year.

Non-Traditional Occupations

	2009	%	2008	%	2007	%	2006	%
Total	5	100	5	100	3	100	7	100
Female	2	40	1	20	0	0	2	28.6
Male	3	60	4	80	3	100	5	71.4

Note: Information as of March 31 each year.

Employees with Disabilities

	2009	%	2008	%	2007	%	2006	%
Total	127	100	132	100	130	100	136	100
Employees with disabilities	0	0	0	0	1	0.8	1	0.7
Other	127	100	132	100	129	99.2	135	99.3

Note: Information as of March 31 each year.

Position Reconciliation

This information differs from the employee information on the preceding page. Employee information reflects actual employees on March 31 of each year, and the information presented below reflects position expenditures approved through the budget process for each fiscal year.

Active Positions - Department

Summary:

	2009-10 Main Estimates	Change	2010-11 Business Plan
Total	130	2	132
Indeterminate full-time	125	(1)	124
Indeterminate part-time	5	3	8
Seasonal	-	-	-

Adjustments During the Year:

Position	Community	Region	Added/ Deleted	Explanation
Manager, Corp Plan & Evaluation	Yellowknife	HQ	Deleted	Sunset - THAF
Sr. Systems Analyst (PT)	Yellowknife	HQ	Added	SI - E Health, Medical Records & Imaging
PACS Administrator (PT)	Yellowknife	HQ	Added	SI - E Health, Medical Records & Imaging
Leader - Project Management Office	Yellowknife	HQ	Deleted	Sunset - Patient Wait Times Guarantee Trust
MH&A(Children & Youth) Position	Yellowknife	HQ	Added	SI – Healthy Choices
FNIB Tobacco Coordinator (PT)	Yellowknife	HQ	Added	NI (07/08) - transfer from Vote 4

Other Positions

Summary:

	2009-10 Main Estimates	Change	2010-11 Business Plan
Total	15	3	18
Indeterminate full-time	15	3	18
Indeterminate part-time	-	-	-
Seasonal	-	-	-

Adjustments During the Year:

Vote 4/5

Position	Community	Region	Added/ Deleted	Explanation
FNIB Tobacco Coordinator	Yellowknife	HQ	Deleted	NI in 2007/08
Consultant, Dental Health	Yellowknife	HQ	Added	Vote 4
Health Planner, Supported Living	Yellowknife	HQ	Added	Vote 4
FASD Project Specialist	Yellowknife	HQ	Added	Vote 4
Coordinator Pan/Ter Mass Media Initiative	Yellowknife	HQ	Added	Vote 4

Interns

Position	Community	Region	Added/ Deleted	Explanation
Telecare NWT Project Coordinator	Yellowknife	HQ	Deleted	Intern
Planning Specialist	Yellowknife	HQ	Added	Intern

Active Positions - Authorities

Summary:

	2009-10 Main Estimates	Change	2010-11 Business Plan
Total	1,269	(5)	1,264
Indeterminate full-time	1,138	1	1,139
Indeterminate part-time	131	(6)	125
Seasonal	-	-	-

Adjustments Approved During Sunset Reductions:

Position	Community	Region	Added/ Deleted	Explanation
Nurse Practitioner	Fort Simpson	South Slave	Deleted	Sunset - THAF
Home Support Worker (PT)	Fort Providence	South Slave	Deleted	Sunset - THAF
Home Support Worker (PT)	Fort Liard	South Slave	Deleted	Sunset - THAF
Home Support Worker	Hay River Res.	South Slave	Deleted	Sunset - THAF
Home Care – RN	Fort Liard	South Slave	Deleted	Sunset - THAF
Nurse Practitioner	Behchoko	North Slave	Deleted	Sunset - THAF
Community Health Nurse	Gameti	North Slave	Deleted	Sunset - THAF
Public Health Care NP	Fort Smith	South Slave	Deleted	Sunset - THAF
Public Health Care NP	Fort Smith	South Slave	Deleted	Sunset - THAF
Home Support Worker	Fort Smith	South Slave	Deleted	Sunset - THAF
Midwife	Fort Smith	South Slave	Deleted	Sunset - THAF
Community Health Nurse	Sachs Harbour	Beau-Delta	Deleted	Sunset - THAF
Nurse Practitioner	Inuvik	Beau-Delta	Deleted	Sunset - THAF
Nurse Practitioner	Inuvik	Beau-Delta	Deleted	Sunset - THAF
Home Care – RN (PT)	Tulita	Sahtu	Deleted	Sunset - THAF
Nurse Practitioner	Yellowknife	North Slave	Deleted	Sunset - THAF
RN – Public Health	Yellowknife	North Slave	Deleted	Sunset - THAF
RN – Dialysis (PT)	Yellowknife	North Slave	Deleted	Sunset - THAF
RN – Dialysis (PT)	Yellowknife	North Slave	Deleted	Sunset - THAF
Registered Nurse	Yellowknife	North Slave	Deleted	Sunset - THAF
Home Care Coordinator (PT)	Hay River	South Slave	Deleted	Sunset - THAF

Adjustments Approved Through Forced Growth:

Position	Community	Region	Added/ Deleted	Explanation
Controller	Yellowknife	North Slave	Added	Forced Growth
Billing Clerk	Yellowknife	North Slave	Added	Forced Growth
Billing Clerk	Yellowknife	North Slave	Added	Forced Growth
Collections Officer	Yellowknife	North Slave	Added	Forced Growth
Financial Analyst	Yellowknife	North Slave	Added	Forced Growth
Lab Technologist	Yellowknife	North Slave	Added	Forced Growth
Lab Technologist	Yellowknife	North Slave	Added	Forced Growth

Adjustments Approved Through Strategic Initiatives:

Position	Community	Region	Added/ Deleted	Explanation
Cook (PT)	Hay River	South Slave	Deleted	(BOF) Supported & Assisted Living
Per. Outcome Supp. Worker	Hay River	South Slave	Added	Hay River Ter. Supported Living Campus
Per. Outcome Supp. Worker	Hay River	South Slave	Added	Hay River Ter. Supported Living Campus
Per. Outcome Supp. Worker	Hay River	South Slave	Added	Hay River Ter. Supported Living Campus
Per. Outcome Supp. Worker	Hay River	South Slave	Added	Hay River Ter. Supported Living Campus
Per. Outcome Supp. Worker	Hay River	South Slave	Added	Hay River Ter. Supported Living Campus
Per. Outcome Supp. Worker	Hay River	South Slave	Added	Hay River Ter. Supported Living Campus
Per. Outcome Supp. Worker	Hay River	South Slave	Added	Hay River Ter. Supported Living Campus
Per. Outcome Supp. Worker (PT)	Hay River	South Slave	Added	Hay River Ter. Supported Living Campus
General Radiology Tech	Yellowknife	North Slave	Added	(STHA) SI – Consolidated Health Clinic
Ultrasound Technologist	Yellowknife	North Slave	Added	(STHA) SI – Consolidated Health Clinic

Other Human Resource Information

One of the stated priorities of the Legislative Assembly is to "improve human resource management within the GNWT."To address this priority, a ten-year NWT Public Service Strategic Plan, *20/20: A Brilliant North* and accompanying three-year Action Plan were developed and tabled in the Legislative Assembly on June 4, 2009. The Strategic Plan outlines specific actions to address the goal to both promote Affirmative Action throughout the GNWT and to develop Human Resource Plans for each department.

The three-year Action Plan includes the development of a framework for departmental plans to be developed by August 31, 2010. It would be expected that departments could complete their HR Plans by the end of 2010-11 and these would be incorporated into subsequent business plans. The creation of these plans will ensure a consistent and coordinated approach across government, providing equitable opportunities for all staff.

The tables below indicate the statistics on the departments' human resource activities with respect to summer students, interns and transfer assignments for 2008.

Summer Students				
Total Students	Indigenous Employees (Aboriginal + Non Aboriginal	Indigenous Aboriginal	Indigenous Non-Aboriginal	Non-Indigenous
11	10	4	6	1
Interns				
Total Interns	Indigenous Employees (Aboriginal + Non Aboriginal	Indigenous Aboriginal	Indigenous Non-Aboriginal	Non-Indigenous
1	1	0	1	0
Transfer Assignments				
Total Transfer Assignments	Indigenous Employees (Aboriginal + Non Aboriginal	Indigenous Aboriginal	Indigenous Non-Aboriginal	Non-Indigenous
12	4	1	3	8

Activities Associated with Staff Training & Development

Foundation for Change Action Plan

In order to fully implement the Action Plan, significant HR activities will need to be undertaken. Some of these activities include: enhancement of nurse-led primary-care; expanded midwifery programs, establishment of Case Aides and In-Home Support positions, realignment of physician services; expanded role of Community Wellness Workers and establishment of Community Wellness Teams; ensuring service providers across the entire system are practicing at full-scope.

Many initiatives will require enhanced human resource services to address possible evaluation and compensation adjustments of existing positions, developing strategies for addressing issues enshrined in the Collective Agreement, and creation of a comprehensive change framework to ensure staff are informed, consulted and treated in fair and equitable manner.

Recruitment

An Online Recruitment portal, www.practicenorth.ca was developed to inform potential candidates of the career opportunities, practice attributes and lifestyle environment within the NWT. All promotional initiatives are aligned to build awareness of the online portal and drive job seekers, both active and passive, to seek information relevant to their profession.

Promotional efforts continue to enhance relationships with young professionals. Initiatives included an "East Coast" Recruitment Road trip targeting nursing students, the development of a Physician Mentorship Program which connects northern medical students with current NWT Physicians and presence at several career fairs and information sessions.

Through the Aboriginal Health Human Resource Initiative, the Department is working alongside the Dene Nation and the Inuvialuit Regional Corporation to enhance health and social services career promotion to Aboriginal Youth. A Video Career Series of current Aboriginal Professionals will be produced and distributed through schools and accessed through www. Practicenoth.ca.

Orientation

Orientation of Health and Social Services professionals continues to be a priority. Phase 2 of a Pan Territorial Orientation project is scheduled to be piloted by the winter of 2009. The Orientation Project lists several objectives including the development of a comprehensive inventory of each jurisdictions orientation programs/materials, an environmental scan of existing and best practices including a gap analysis and recommendation of priority options.

Northern Workforce Development

The Department of Health and Social Services continues to work with ECE and Aurora College to enhance Health and Social Services programs delivered in the NWT. Among the many programs offered such as a Bachelor of Science in Nursing, a Diploma in Social Work and Introduction to Advanced Practice, Aurora College, in partnership with Dalhousie University, is delivering a Master of Nursing Program, Nurse Practitioner stream. Graduates from this two year program will exit with a Master of Nursing degree and a Primary Health Care Nurse Practitioner certificate from Dalhousie University. To further enhance the development of Nurse Practitioners in the NWT, DHSS has collaborated with the Register Nurses Association NT/NU to deliver a Nurse Practioner – Prior Learning and Recognition program.

Other programs include Nursing and Social Work Graduate Placement program, Return of Service Bursaries, and a Physician Mentorship Program.

g) Information System & Management

Overview

The Department's approach to Information Management/Information Systems (IM/IS) management is in alignment with the Integrated Service Delivery Model (ISDM) as the direction for health and social services delivery within the NT.

Current departmental IM/IS plans include: Health and Social Services (HSS) Four Year IM/IS/IT Plan 2010/11-2013/14; and, Informatics Strategic Plan 2005-2010. Key strategic elements across plans include:

- Promote stronger standards and improve data quality to enhance reporting capabilities.
- Increasing the use of common applications and easy-to-use technologies.
- Strengthening information management and the electronic delivery of information.
- Integrate and roll-up information to facilitate program planning, monitoring and management while respecting privacy and confidentiality legislation.
- Standardize and automate information exchange with external agencies such as the Canadian Institute for Health Information; and, inter-jurisdictional billing.
- Participate in the development of national and international technology standards, leading development of industry standards in the health care sector.
- Determine opportunities for consolidating technology infrastructure support.
- In support of the Minister's Action Plan, Foundation for Change, the IM/IS/IT plans include using technology to support delivering the right services when they are needed, in the right setting by the most appropriate service provider.

Current major HSS information systems include:

- **CFIS** – Child and Family Information System, child and family services monitoring system
- **HMIS** – Healthcare Management Information System supports healthcare registration, medicare, extended health benefits, claims payment, provider licensing, vital statistics and medical travel financial information **iPHIS** – Public Health Information System, central disease registry for STIs and TB
- **DI/PACS** – Diagnostic Imaging Picture Archive and Communication System
- **EHR** – Electronic Health Record system
- **MediPatient** - Hospital Admission, Discharge, and Transfer (A/D/T) system **MediPharm** – Hospital pharmacy system **ORMED – Financial, m**aterials, and in**ventory** management system (used by several Authorities)
- **TRIWIN** Centricity Laboratory Information System – Hospital lab information system.

IM/IS initiatives planned for 2010/11 include:

- **Diagnostic Imaging/Picture Archiving and Communication System (DI/PACS)** – Provides digital diagnostic image capture, storage and remote retrieval anywhere by an

authorized user. For example, this allows remote retrieval by radiologists for manipulation and enhancing of images for interpretation.

- **2010/11 planned activity** - Implementation of Computed Radiography Readers (modalities which allow diagnostic images to be captured digitally and sent electronically to the hospital systems for storage and future access) in the remaining 18 Community Health Centers currently providing DI services.

- **Tele-Speech Language Pathology (TeleSLP)** – Access to Speech Language Pathology services through video communications, primarily for school-aged children.
  - **2010/11 planned activity** – Potential[1] Stage 3 of 3 (install 29 new units)

    [1] Noted as "potential" as these sites are network and site capacity dependent; feasibility to be determined through analysis in 2009/10.

- **Electronic Medical Record (EMR)** - The EMR project encompasses electronic charting with a patient's demographics, personal details, diagnosis or conditions, details about treatments or assessments undertaken by a healthcare provider, as well as patient scheduling and billing.
  - **2010/11 planned activity** - Implementation of EMR in additional sites.

- **Lab Information System (LIS)** –Vendor is decommissioning its current lab system and terminating support, resulting in the need to replace it. The LIS supports lab operations at the NWT labs and is a significant source system feeding lab results to the NWT Electronic Health Record (iEHR).
  - **2010/11 planned activity** – Lab system implementation at the four NWT labs.

IM/IS planned initiatives for 2011/12 and 2012/13 include:

- Electronic Medical Record (EMR) - continued deployment
- Paperless Electrocardiography (ECG)
- NWT Continuing Care Resident Assessment Instrument (RAI)
- Public Health Information System (iPHIS) Replacement due to ending support
- Drug Information System (DIS)
- Perinatal Information System
- Medical Travel Information System
- Governance and Support Structure for Informatics vis-a-vis the Department, Authorities and TSC. Requirements and potential opportunities to be defined in 2009/10-2010/11.
- Continued work on data and business process standardization

Planned Activities – 2011-12

- **EMR (Cont'd)**

  Continuation of multi-year project described above.

- **Paperless Electrocardiography (ECG)**

  Electrocardiography (ECG) is a graphical representation of the electromechanical activity of the heart. ECG is the most important physiological parameter to be measured in cardiac disease (CD). The Marquette Universal System of Electrocardiography (MUSE) Cardiology

Information System will enable ECGs reports to be available instantaneously both Emergency Physicians and Internal Medicine Specialist.

The current paper-based method does not support ECGs being actioned in a timely manner, leading to potentially adverse or life threatening outcomes for patients.

The proposed project includes acquiring and installing a territorial wide MUSE Cardiology Information System, which will allow Electrocardiography (ECG) technology to automatically transmit, store and retrieve digital copies of critical healthcare information. All ECGs would be accessible for reading and confirmation by appropriate clinicians, or able to be recalled for comparison and/or review by authorized clinical staff in appropriate time frames. Further there will be full integration with hospital information systems, EMR and EHR systems.

NWT Continuing Care Resident Assessment Instrument (RAI)

The NWT Continuing Care Resident Assessment Instrument Project (NWT RAI project) will provide a standardized and automated common assessment instrument for assessment, care planning and case management of clients within home care and long term care. Within this care sector, providers currently use paper driven processes which limit the access to information by care providers as well as management, executive, and governing bodies. A standardized and automated instrument for assessment and care planning will improve patient safety and quality of care, reduce costs, shorten cycle time and expand service offerings. The RAI tool is an internationally researched and recognized evidence-based system and is widely used throughout Canada. The Canadian Institute for Health Information (CIHI) uses the data from the RAI tools to report Long Term Care and Home Care usage and trends across the country.

- **Public Health Information System Replacement**

  Panorama is a pan-Canadian initiative, supported by Canada Health Infoway, with the need to replace the internet based Public Health Information System (iPHIS) previously provided through Health Canada. Support for this (iPHIS) system is expected to formally end in 2009-10. Several jurisdictions, including NWT are completing a Preliminary Analysis phase in 2009-10 to determine direction and plans.

- **Drug Information System (DIS)**

  This is an NWT-wide project and would involve collecting prescriptions, and tracking dispensed drugs along with alert notification of drug interactions prior to new medications being prescribed and dispensed. Canada Health Infoway investment is anticipated for this project as well as the need for GNWT funding for capital investment not eligible for Canada Health Infoway funding. NWT pharmacies would also be a project stakeholder.

Planned Activities - Future

- **NWT Continuing Care Resident Assessment Instrument**
- **Paperless ECG Public Health Information System (Cont'd)**
- **Drug Information System (DIS)**
- **Perinatal Information System**

This system will collect information regarding prenatal care, delivery and indicators for healthy development, delivery and early childhood development.

Due to GNWT funding limitations for informatics projects, this will likely be moved to 2013/14.

- **Medical Travel Information System**

  This project will provide case management and full medical travel information. Currently only a portion of financial and travel information is captured electronically and even that is in disparate systems that does not support linking the information.

  Due to GNWT funding limitations for informatics projects, this will likely be moved to 2013/14.

4. FUTURE STRATEGIC DIRECTION FOR THE DEPARTMENT

The NWT has the second highest per capita cost in the country. This is primarily driven by the costs of operating four hospitals and 19 health centers for a population of only 43,000, as well as providing equitable access to medical travel for a population spread out over 33 communities. The cost of delivering health care in the NWT continues to rise, driven by such things as demographics, prevalence of disease, high-risk behaviors, overall poor health status and a national shortage of health care professionals.

If we continue in the same way, the challenges to providing accessible, high quality care for residents of the NWT in a sustainable manner will increase significantly and compromise the ability of the Government of the Northwest Territories (GNWT) to be able to afford to pay for health and social services without limiting other government spending or priorities.

The Foundation for Change lays out the steps and actions required to begin the process of reforming the NWT health and social services system, outlining the broad systemic change required to "bend the trend" and manage the rapid growth in health care costs.

Implementation of the Action Plan will help to ensure NWT residents have access to services when they are needed, in the right setting, by the most appropriate service provider in a way that is sustainable, affordable and builds some economies of scale and efficiencies into our fragile system. It is about ensuring we have a system that is better coordinated to meet the needs of those individuals it is intended to serve.

The health and well-being of northerners is critical to our future. We know that to meet these priorities we must have a strong foundation upon which to build. The elements of this plan, once put into action, will provide that strong foundation and will help us achieve our vision.

The actions outlines in the Foundation for Change will lay the groundwork, preparing the NWT health and social services system for a more sustainable future. Once the foundation has been established, HSS will begin development of a 10-year Health and Wellness Plan to ensure that the GNWT's long-term goal of: healthy, educated people with a focus on prevention by promoting healthy choices and lifestyles, and the role of personal and family responsibility, is realized.